Form **990** Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or the	e 2013 calendar year, or tax year beginning , 2013,	and ending		, 20
		C Name of organization		D Employer identi	fication number
Во	neck if app	Meable: CENTRAL INDIANA COMMUNITY FOUNDATION INC		35-17936	80
	Addres	S Doing Business Δs			
	change	· · · · · · · · · · · · · · · · · · ·	Room/suite	E Telephone numb	per
	+	CAE MODELL ATADAMA CEDERE	119	(317) 634-	-2423
	Initial I	Oit and the manufacture of the property and 710 or foreign poetal gods			
-	Termin			G Gross receipts \$	115,564,898.
-	return Applica		****	H(a) Is this a group re	
L	pendin	615 NORTH ALABAMA STREET INDIANAPOLIS, IN 46	5204	subordinates? H(b) Are all subordinate	
					list. (see instructions)
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	H(c) Group exemption	
		e: > WWW.CICF.ORG	1 Very of form	nation: 1997 M Sta	
		of organization: X Corporation Trust Association Other ▶	L feat of form	nauon. 1997 M Sta	ite of legal doffliche.
	art l	Summary	יעדפייפ יירט ז	EMDDOWN TINDIN	AND TODAY AND
	1	Briefly describe the organization's mission or most significant activities: CICF E	TELECULINE (LINDIMADIE	MA TODAL AND
Governance		FOREVER. CHARITABLE ASSETS ARE BUILT TO SUPPORT E			
Па		ORGANIZATIONS WITH GRANTS AND PROVIDE LEADERSHIP			
e e		Check this box $lackbox{}lackbox{}lackbox{}lackbox{}lackbox{}lackbox{}lackbox{}lackbox{}lackbox{}lackbox{}$ if the organization discontinued its operations or dispose		ـ ا	10
ŏ		Number of voting members of the governing body (Part VI, line 1a)		1	
•ō		Number of independent voting members of the governing body (Part VI, line 1b)			
Activities &	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			
춫	6	Total number of volunteers (estimate if necessary)			
Ā	7a	Total unrelated business revenue from Part VIII, column (C), line 12			
	b	Net unrelated business taxable income from Form 990-T, line 34			
				Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		31,014,303.	
Revenue	9	Program service revenue (Part VIII, line 2g)			0 0
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,612,740.	. 23,288,475.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		816,592	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		43,443,635.	73,251,041.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		35,067,386.	. 32,472,120.
		Benefits paid to or for members (Part IX, column (A), line 4)	To a second		0 0
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).	i	3,057,698	3,048,790.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0 0
per		Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,033,755			
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,469,526	4,181,844.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		41,594,610	
		Revenue less expenses. Subtract line 18 from line 12		1,849,025	
- w		Revenue less expenses, oubliace inte 10 from line 12		ginning of Current Yea	
Net Assets or Fund Balances	20	Tatal accept / Dout V Jimo 16)		477,294,973	
Sse	20	Total assets (Part X, line 16)		26,413,299	
et A	21	Total liabilities (Part X, line 26)		450,881,674	
		Net assets or fund balances. Subtract line 21 from line 20		100,001,071	
	ırt II	Signature Block natties of perjury, I declare that I have examined this return, including accompanying schedules.	ilee and statement	s and to the hest of m	v knowledge and belief, it is
tru	aer per e, corre	isities of perjury, I deciate that I have examined this return, including accompanying solved ict, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer has an	y knowledge.	
Sig	ın	Signature of officer		Date	
He	-	, Signature St Shies			
	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	1 . 0	PTIN
Pai	d		177/13/	Check if self-employed	P00151125
	parer	JOYCE A DULWORTH W JUNU	101701		
	Only	Firm's name ▶BKD, LLP		Firm's EIN ▶ 44	
		Firm's address ▶200 E. MAIN ST. SUITE 700 FOR WAYNE, IN 46802		Phone no. 26	0-460-4000
_		RS discuss this return with the preparer shown above? (see instructions)			. X Yes No
For	Pape	rwork Reduction Act Notice, see the separate instructions.			Form 990 (2013)

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1 01	11 330 (2013)	age =
P	Statement of Program Service Accomplishments	77
_	Check if Schedule O contains a response or note to any line in this Part III	X
'	ATTACHMENT 1	
	ATTACHMENT	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		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	_
		∐ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	-
	the total expenses, and revenue, if any, for each program service reported.	ılııcıs,
	the total expenses, and revenue, if any, for each program corride reported.	
	(Code:) (Expenses \$ 10,540,099. including grants of \$ 9,416,915.) (Revenue \$)	
	INSPIRING PLACES THAT ATTRACT AND RETAIN TALENT. WE IMPROVE THE	
	QUALITY OF LIFE IN THE URBAN CORE FOCUSING ON 3 ELEMENTS OF AN	
	AREA: VIBRANCY - BUILDING A DYNAMIC ECONOMY FOR JOB RETENTION AND	
	EXPANSION, INCREASED PROPERTY VALUES AND DIVERSIFIED TAX BASE;	
	SAFETY - DECREASING BLIGHT AND POVERTY IN NEIGHBORHOODS TO	
	DECREASE CRIME; AND ATTRACTIVENESS - CREATING VIABLE LOCAL PLACES	
	THAT ARE ACCESSIBLE, WALKABLE, FUN AND DIVERSE TO ATTRACT AND	
	RETAIN HIGHLY EDUCATED RESIDENTS. WE STRENGTHEN KEY NEIGHBORHOOD	
	SUPPORT ORGANIZATIONS. WE CHAMPION AND EDUCATE ON THE CEO'S FOR	
	CITIES CONCEPTS, FRAMEWORKS AND RESEARCH TO ADVANCE THE VISION OF	
	OUR COMMUNITY AS AN INSPIRING PLACE.	
4b	(Code:) (Expenses \$ 17,082,229. including grants of \$ 15,261,896.) (Revenue \$)	
	FAMILY SUCCESS IS ABOUT SUPPORTING FAMILIES AND THEIR COMMUNITIES	
	BY STRENGTHENING NEIGHBORHOOD-BASED PROVIDERS THAT SUPPORT	
	LOW-INCOME FAMILIES IN INCREASING EARNINGS AND ASSETS. WE FOCUS ON	
	PARTNERSHIPS WITH INTERMEDIARY AGENCIES AND DIRECT SERVICE	
	ORGANIZATIONS DEVELOPING A ROBUST NETWORK OF CENTER FOR WORKING	
	FAMILIES, INCREASING ORGANIZATIONAL CAPACITY OF NEIGHBORHOOD	
	CENTERS, LEVERAGING ADDITIONAL FUNDING AND CHAMPIONING THE	
	IMPORTANCE OF NEIGHBORHOOD CENTERS.	
4c	(Code:) (Expenses \$ 8,722,840. including grants of \$ 7,793,309.) (Revenue \$)	
	OUR EDUCATION INITIATIVE EMPHASIZES ACCESS TO AND SUPPORT FOR	
	HIGHER EDUCATION. IT HELPS OUR COMMUNITY IMPROVE PUBLIC	
	INSTRUCTION AND STUDENT ACADEMIC ACHIEVEMENT BASED ON EDUCATIONAL	
	INDICATORS. WE INVEST IN COMMUNITY-BASED ORGANIZATIONS THAT	
	PROVIDE COLLEGE ACCESS AND READINESS PROGRAMMING. WE ARE CHAMPIONS	
	FOR THE IMPORTANCE OF ACCESSING POST-SECONDARY OPPORTUNITIES. WE	
	ARE BUILDING A NETWORK OF COMMUNITY-BASED NOT-FOR-PROFIT	
	ORGANIZATIONS TO HELP MARION COUNTY YOUTH CONNECT TO CARING	
	ADULTS, ACCESS FINANCIAL RESOURCES, FIND THE RIGHT COLLEGE AND PREPARE ACADEMICALLY.	
	THE ACADEMICABET.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 36,345,168.	

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the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 2 Is the organization required to complete Schedule B, Schedule O Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 5 Is the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule C, Part II. 5 Is the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II. 5 Did the organization required or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 5 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability; serve as a custodian for amounts not listed in Part X, inc 21, for secrow or custodial account liability; serve as a custodian for amounts not listed in Part X, inc 21, for secrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for secrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for secrom place Schedule D, Part VI. 10 Did the organization report an amount for lead, buildings, and equipment in Part X, line 102 If "Yes," complete Schedule D, Part VI. 11 If the organization report an amount for lead, buildings, and equipment	Par	Checklist of Required Schedules			
2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C. Part II. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C. Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts or which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts or which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts or which donors have the right to provide advice on held as conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D. Part II. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D. Part II. 9 Did the organization services? If "Yes," complete Schedule D. Part II. 10 Did the organization services if "Yes," complete Schedule D. Part III. 11 If the organization services if yes, to any of the following questions is "Yes," the complete Schedule D. Part III. 12 Did the organization services are an amount for land, buildings, and equipment in Part X, l				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Pes" complete Schedule C, Part II. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Pes" complete Schedule C, Part II. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19" ("Pes", complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes" complete Schedule D, Part II. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes" complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes, complete Schedule D, Part III. 9 Did the organization services? If "Yes, complete Schedule D, Part III. 10 Did the organization or poort an amount for Intra X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability; serve as a custodi	1		١.		
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to cardidates for public office? If "res," complete Schedule C, Part I. 3 Section 501(C)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(th) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 4 X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-19? If "Yes," complete Schedule C, Part II. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, redit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. 10 Did the organization's answer to any of the following questions in "Yes," complete Schedule D, Part V. 11 If the organization's answer to any of the following questions in "Yes," then complete Schedule D, Part VIII. 12 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 12 if "Yes," complete Schedule D, Part VIII. 13 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of		·			
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4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "ves," complete Schedule (2, Part III	3		_		v
election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501 (c)(4), 50 501 (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar tunds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I I. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II I. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II I. Did the organization amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V II. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments-program related in Part X, line 16? If "Yes," complete Schedule D, Part X VIII Did the organization report an amount for other liabilities in Part X, line 16? If "Yes," complete Schedule D, Part X VIII Did the organization report an amoun			3		Λ_
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "viss," complete Schedule C, Part III or Viss," complete Schedule D, Part I or Viss, "organization maintain any donor advised funds or any similar funds or accounts? If "viss," complete Schedule D, Part I or Viss, "organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "viss," complete Schedule D, Part III. 7 July 10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "viss," or provide credit counseling, debt management, credit repair, or debt negotiation services? If "viss," complete Schedule D, Part IV. 9 Did the organization report an amount for Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "viss," complete Schedule D, Part V. 9 Little organization report an amount for livestiments of the viss, complete Schedule D, Part V. 10 Little organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. 11 Little Viss, complete Schedule D, Part VII. 12 Did the organization report an amount for investments-program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 12 Did the organization report an amount for other isabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 13 Did the organization report an amount for other isabilities in Part X	4				v
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Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. Did the organization report an assert in the part X, Inc. 12, Inc. 1	Э				
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"Yes," complete Schedule D, Part I 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II X Did the organization teport an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrowers or custodial account liability, serve as a custodian for amounts not listed in Part X, line 10, for escrowers or debt neapotiation, directly or through a related organization, debt management, credit repair, or debt neapotiation services? If "Yes," complete Schedule D, Part VI VII, VIII, VII, VII, VII, VII, VII,	U	· · · · · · · · · · · · · · · · · · ·			
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization operat an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 13 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 2 Did the organization sport an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 2 Did the organization sport an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 2 Did the organization sport an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part		=	6	x	
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	•		7		Х
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10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V					
endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 110	b	e · · · · · · · · · · · · · · · · · · ·			
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e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,	a		444		v
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	_			y	Λ
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			116	- 1	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	'	· · · · · · · · · · · · · · · · · · ·	11f		х
the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12 a		···		
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	1 2 u		12a		Х
the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	b				
14 a Did the organization maintain an office, employees, or agents outside of the United States?			12b	Х	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV					
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			14b		X
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	15				
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			15		X
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		4.0		3.7
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	4 -		16		A
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Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		''		
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	10		12	x	
If "Yes," complete Schedule G, Part III	10	·	10	21	
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			19		Х
	20 a				

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
27 u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
С		24c		
ال.	to defease any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	l		Х
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			3.7
	If "Yes," complete Schedule L, Part L	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
• .	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Juan		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	555		
30		36		Х
27	related organization? If "Yes," complete Schedule R, Part V, line 2			Λ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			v
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	l		
	19? Note . All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2013) Page **5**

Par	V Statements Departing Other IDS Filings and Tay Compliance			ago c
rai				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Enter the humber of Forms W 25 included in line 1a. Enter of infort applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	Х	
2.	reportable gaming (gambling) winnings to prize winners?	10	21	
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 49			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	21	
2.	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35	- 21	
4 a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a	х	
h	account)? If "Yes," enter the name of the foreign country: ► CAYMAN ISLANDS	-a	21	
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
. .	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		- 21
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
оa		6a		Х
h	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua		- 21
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	OD		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	Х	
h	and services provided to the payor?	7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0	21	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
A	required to file Form 8282?	70		21
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f		7f		X
'	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7 11		
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
-	Did the organization make any taxable distributions under section 4966?	9a		Х
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule</i> O	14b		
	, , , , , , , , , , , , , , , , , , , ,			

JSA 3E1040 1.000 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 19			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Χ	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40.	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	401-	Х	
	rise to conflicts?	12b	Λ	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	425	Х	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	- 25	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ıva	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_INDIANA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
-	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)	(/\=/°	.,,
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who person	he		

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

Check if Schedule O contains a response or note to any line in this Part VII.........

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unless er and	s per a di	ition more rson	e than or trust employee employee	an	(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
			ee			sated				
	1.00	Х		Х				C	0	0
SECRETARY	$\frac{1.00}{2.00}$	Х		Х				C	0	O
(3)SARAH WILSON OTTE BOARD MEMBER	1.00	Х						C		0
(4)HENRY L. FERNANDEZ BOARD MEMBER	1.00	Х						C	0	0
_(5)MARIANNE GLICK BOARD MEMBER	1.00	X						C	0	0
	1.00	Х						C	0	0
	1.00	Х						С	0	0
(8)CYNTHIA SIMON SKJODT VICE-CHAIR	1.00	Х		Х				C	0	0
(9)JOSEPH L. SMITH, JR BOARD MEMBER	1.00	Х						C	0	0
(10)CHARLES P. SUTPHIN BOARD MEMBER	1.00	Х						C	0	C
(11)MILTON O. THOMPSON BOARD MEMBER	1.00	Х						С	0	C
(12)LARRY J. SABLOSKY BOARD MEMBER	1.00	Х						C	0	(
(13)GREGORY F. HAHN TREASURER	1.00	Х		Х				C	0	(
(14)TRACI_DOLAN_ BOARD_MEMBER	1.00	Х						C	0	

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	s per	tion more	e than on is both or/truste employee	an	(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
15) MARISOL SANCHEZ	1.00									0
BOARD MEMBER	1 00	X						C	0	0
(16) CORBY D. THOMPSON	1.00									0
BOARD MEMBER	1.00	X						C	U	0
(17) LEE WHITE	1.00	3.7								0
BOARD MEMBER	1 00	X						C	U	0
18) JERRY D. SEMLER BOARD MEMBER	1.00	v								0
19) MICHAEL J. SIMMONS	1.00	X							0	
BOARD MEMBER		X								0
20) BRIAN E. PAYNE	31.00	Λ							0	
PRESIDENT & CEO	9.00			х				234,027.	78,009.	67,059.
21) KAY WHITAKER	32.00			21				231,027.	70,000.	07,035.
CFO (LEFT 1/11/13)	8.00			х				4,237.	1,648.	2,656.
22) ROBERT MACPHERSON	32.00			21				1,237.	1,010.	2,030.
VP DEVELOPMENT	8.00	-		х				90,542.	53,175.	40,871.
23) TERRY ANKER	8.00							70,73121	33,1.31	20,0121
VP/PRESIDENT, LEGACY FUND	32.00	-		х					128,849.	10,886.
24) ELIZABETH TATE	26.00								, , , , , ,	
VP GRANTMAKING	14.00			Х				69,380.	56,765.	42,218.
25) JENNIFER K. BARTENBACH	32.00									
CFO (STARTED 4/16/13)	8.00			Х				86,736.	33,731.	4,171.
1b Sub-total	•						▶	C	0	0
c Total from continuation sheets to Part VII, S	Section A							587,735.	352,177.	192,573.
d Total (add lines 1b and 1c)							\blacktriangleright	587,735.	352,177.	192,573.
2 Total number of individuals (including but not	limited to t						re	eceived more than	\$100,000 of	
reportable compensation from the organization	n ►	3	3							
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										Yes No
4 For any individual listed on line 1a, is the										
organization and related organizations gr										4 X
inuiviuuai										4 1

for services rendered to the organization? *If "Yes," complete Schedule J for such person*Section B. Independent Contractors

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 3

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and F	ligi	hest Compensat	ed Emplo	yees (c	ontinue		age 8
(A) Name and title	(B) Average hours per week (list any hours for	ge Position (do not check more than box, unless person is bott				e than o	ne an	n from	(E) Reportable compensation related organization	able ion from	Es	(F) timated ount of other pensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	om the anization I related inization	t
26) JENNIFER P. BAKER	40.00												
EXECUTIVE DIRECTOR - WF	0					X		102,813.		0		24,7	12.
	 												
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						> > >						
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose	liste				o re	ceived more than	\$100,000	of			
Teportable compensation from the organization			3									Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3		Х
organization and related organizations gre													
individual					 fron			rolated organization	on or indiv	idual	4	X	
for services rendered to the organization? If "Ye											5		Х
Complete this table for your five highest component compensation from the organization. Report of year.													
(A) Name and business add	lress							(B) Description of se	ervices	С	(C)	ation	
								•			-		

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

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Part VIII	Statement	of	Revenue
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Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Unrelated Related or Revenue Total revenue business excluded from tax exempt revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1b Membership dues 439,790. С Fundraising events d Related organizations 1d 1e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above . 1f 49,182,989 g Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 49,622,779 Program Service Revenue **Business Code** 2a All other program service revenue Investment income (including dividends, interest, and 5,400,633. Income from investment of tax-exempt bond proceeds . . . > 0 4 5 (ii) Personal (i) Real 6a Gross rents **b** Less: rental expenses Rental income or (loss) . . d Net rental income or (loss) . . (ii) Other (i) Securities Gross amount from sales of 59,850,047. assets other than inventory **b** Less: cost or other basis and sales expenses 42,213,701. 17,636,346. c Gain or (loss) d Net gain or (loss)<u>. ▶</u> 17,636,346. 17,636,346. Other Revenue Gross income from fundraising ATCH 3 events (not including \$ _____439,790. of contributions reported on line 1c). See Part IV, line 18 a c Net income or (loss) from fundraising events .ATCH .4 .▶ -72,231 -72,231 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 10a Gross sales of inventory, returns and allowances b Less: cost of goods soldb Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** OPERATING SUPPORT INCOME 900099 412,018 412,018 11a b d All other revenue 412,018 e Total. Add lines 11a-11d Total revenue. See instructions 73,251,041 412,018 251,496. 22,964,748.

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States. See Part IV, line 21	31,705,307.	31,705,307.						
2	Grants and other assistance to individuals in								
	the United States. See Part IV, line 22	766,813.	766,813.						
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	United States. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors,								
	trustees, and key employees	587,735.	293,868.	176,320.	117,547.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	1,444,110.	722,055.	433,233.	288,822.				
7	Other salaries and wages	0							
8	Pension plan accruals and contributions (include section								
	401(k) and 403(b) employer contributions)	560,799.	280,399.	168,240.	112,160.				
9	Other employee benefits	304,834.	152,417.	91,450.	60,967.				
10	Payroll taxes	151,312.	75,656.	45,394.	30,262.				
11	Fees for services (non-employees):								
a	Management	0							
b	Legal	203,630.	101,815.	61,089.	40,726.				
c	Accounting	86,496.	43,248.	25,949.	17,299.				
C	Lobbying	0							
e	Professional fundraising services. See Part IV, line 17.	0							
1	Investment management fees	2,061,855.	1,288,659.	773,196.					
ç	Other. (If line 11g amount exceeds 10% of line 25, column	4.5 - 5.5							
	(A) amount, list line 11g expenses on Schedule O.)	46,596.	23,298.	13,979.	9,319.				
12	Advertising and promotion	81,210.	40,605.	24,363.	16,242.				
13		102,389.	51,194.	30,717.	20,478.				
14	Information technology	274,860.	137,430.	82,458.	54,972.				
15	Royalties	200 077	154,039.	02 422	61 61E				
16	Occupancy	308,077. 19,636.		92,423.	61,615.				
17	Travel	19,030.	9,818.	5,691.	3,921.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0							
40		44,410.	22,205.	13,323.	8,882.				
	Conferences, conventions, and meetings	11,110.	22,203.	15,525.	0,002.				
20 21	Interest Payments to affiliates	0							
22	Depreciation, depletion, and amortization	462,204.	231,102.	138,661.	92,441.				
23	Insurance	60,922.	30,461.	18,277.	12,184.				
	Other expenses. Itemize expenses not covered	3373==1	55,122						
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
2	CONSULTING	342,962.	171,481.	102,889.	68,592.				
	DUES & MEMBERSHIPS	45,689.	22,844.	13,707.	9,138.				
	EMPLOYEE RELATIONS	37,878.	18,939.	11,363.	7,576.				
c	OTHER	3,030.	1,515.	909.	606.				
e	All other expenses								
	Total functional expenses. Add lines 1 through 24e	39,702,754.	36,345,168.	2,323,831.	1,033,755.				
26	Joint costs. Complete this line only if the								
	organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation. Check here if								
10.	following SOP 98-2 (ASC 958-720)	0							
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Part X Balance Sheet

гa	rt X						
		Check if Schedule O contains a response or	note	to any line in this Pa	rt X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			0	1	C
	2	Savings and temporary cash investments			29,916,783.	2	11,755,733.
	3	Pledges and grants receivable, net			4,437,285.	3	2,984,956.
	4	Accounts receivable, net			0	4	(
	5	Loans and other receivables from current and f	forme	r officers, directors,			
		trustees, key employees, and highest co	omper	nsated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified perse 4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu organizations (see instructions). Complete Part II of Sche	, and o	contributing employers employees' beneficiary	0		(
ets	7	Notes and loans receivable, net			0	7	(
Assets	8	Inventories for sale or use			0	8	(
٩	9	Prepaid expenses and deferred charges			0	9	(
	10 a	Land, buildings, and equipment: cost or					
			10a	6,502,853.			
	b	Less: accumulated depreciation	10b	2,622,000.	4,226,852.	10c	3,880,853.
	11	Investments - publicly traded securities			244,661,830.	11	210,789,475.
	12	Investments - other securities. See Part IV, line 11			184,795,481.	12	151,703,173.
	13	Investments - program-related. See Part IV, line 11			0	13	(
	14	Intangible assets			0	14	(
	15	Other assets. See Part IV, line 11			9,256,742.	15	8,818,205.
	16	Total assets. Add lines 1 through 15 (must equal			477,294,973.	16	389,932,395.
	17	Accounts payable and accrued expenses			2,328,740.	17	1,511,161.
	18	Grants payable			9,047,819.	18	7,011,133.
	19	Deferred revenue	0		(
	20	Tax-exempt bond liabilities			0		(
Liabilities	21	Escrow or custodial account liability. Complete Pa			0	21	(
ij	22	Loans and other payables to current and for					
Lial		trustees, key employees, highest compen-			0	22	(
	22	disqualified persons. Complete Part II of Schedule Secured mortgages and notes payable to unrelate			0	22	(
	23 24	Unsecured notes and loans payable to unrelated to			0		(
	25	Other liabilities (including federal income tax,				24	
	_5	parties, and other liabilities not included on lines					
		of Schedule D			15,036,740.	25	3,205,887.
	26	Total liabilities. Add lines 17 through 25			26,413,299.	26	11,728,181.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check				
anc	27	Unrestricted net assets			435,534,639.	27	362,876,569.
Bal	28	Temporarily restricted net assets			10,602,566.	28	10,092,914.
Fund Balances	29	Permanently restricted net assets		<u></u>	4,744,469.	29	5,234,731.
		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here and			
ts	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Ð	33	Total net assets or fund balances			450,881,674.	33	378,204,214.
Z		Total liabilities and net assets/fund balances					

Form 990 (2013) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			51,0	941.
2	Total expenses (must equal Part IX, column (A), line 25)	2		39,7	02,7	754.
3	Revenue less expenses. Subtract line 2 from line 1	3		33,5	48,2	287.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	50,8	81,6	574.
5	Net unrealized gains (losses) on investments	5		40,7	09,1	.96.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1	16,9	34,9	943.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
_	33, column (B))	10	3'	78,2	04,2	214.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII	• • •				
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e.	xpıaır	ın			
2-	Schedule O.					
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?	ا و الم		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:	ipiied	OI			
_	Separate basis Consolidated basis Both consolidated and separate basis			2b	Х	
b	Were the organization's financial statements audited by an independent accountant?			20	Λ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ea o	n a			
	Separate basis					
_		iaht				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs of the audit, review, or compilation of its financial statements and selection of an independent accour	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	λμιαιι	1 111			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ı in			
Ja	the Single Audit Act and OMB Circular A-133?	. 10111		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

Pa	rt I	Reason for Publ	lic Charity Status	s (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions				
Γhe	orga	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	ck only	one bo	x.)					
1		A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)(1)(A)(i)					
2		A school described	l in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)									
3		A hospital or a coo	perative hospital s	ervice organization descri	bed in	sectio	n 170(b)(1)(A)	(iii).					
4		A medical researc	h organization op	erated in conjunction wi	th a h	ospita	l descr	ibed in	sectio	n 170(k	o)(1)(A	A)(iii).	Enter	the
		hospital's name, cit	y, and state:											
5		An organization op	erated for the bei	nefit of a college or univer	ersity	owned	or ope	erated b	by a go	vernme	ntal u	nit des	cribe	d in
		section 170(b)(1)(A		-	•		·							
6				or governmental unit des	cribed	in sect	ion 170	(b)(1)(A)(v).					
7	X		-	es a substantial part of it						it or fro	om the	e gene	ral pu	ıblic
		described in sectio	-									•	•	
8		A community trust	described in section	on 170(b)(1)(A)(vi). (Com	plete F	Part II.)								
9		An organization that	at normally receive	es: (1) more than 331/3 %	of its	suppo	rt from	contrib	utions,	membe	ership	fees, a	and g	ross
		receipts from activ	rities related to its	exempt functions - subj	ect to	certai	n excep	otions, a	and (2)	no mo	re tha	ın 331/	з%о	f its
		support from gros	s investment inco	ome and unrelated busin	ness t	axable	incom	e (less	section	n 511	tax) f	rom b	usine	sses
		acquired by the org	janization after Jun	ne 30, 1975. See section	509(a)(2). (C	Complet	e Part I	II.)					
0		An organization org	ganized and opera	ted exclusively to test for	public	safety.	See se	ction 5	09(a)(4).				
1		An organization or	rganized and ope	rated exclusively for the	bene	fit of,	to perf	orm the	e funct	ions of	, or to	o carry	out /	the
		purposes of one of	r more publicly su	ipported organizations de	escribe	d in s	ection 5	509(a)(1) or se	ection 5	09(a)((2). Se	e sec	tion
		509(a)(3). Check th		es the type of supporting	•						•			
		a Type I		c Type III-Function	•	•			• •	I-Non-fu		•	•	
е		-	-	e organization is not conf			-	-	-					
			-	other than one or more	publicl	y supp	orted o	rganiza	tions d	lescribe	d in s	ection	509(a	a)(1)
		or section 509(a)(2	,				_	_		_			_	
f				n determination from the	e IRS	that it	is a T	ype I, T	ype II,	or Typ	e III s	upport	ing	
		organization, check	this box										l	
g			006, has the orga	nization accepted any gift	or co	ntributi	on from	n any of	the					
		following persons?		d ()					.,				V	N-
				tly controls, either alone								44.0	Yes	No
				the supported organization	on?							11g(i)		
				scribed in (i) above?								11g(ii)		
L				on described in (i) or (ii) a ut the supported organiza								11g(iii)		
h			(ii) EIN		T		(1) Did .		6.33	a 4h a	(v::) A			
		ame of supported organization	(II) EIIN	(iii) Type of organization (described on lines 1-9	organi	Is the zation in		ou notify anization		ls the zation in	(VII) A	mount o suppo		etary
				above or IRC section (see instructions))	your go	listed in overning) of your		rganized U.S.?				
				(see manuchons)		No	Yes	No	Yes					
					1.00									
A)														
B)														
٠.														
C)														
D)														
υ) —														
E)														
Tota	al													

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,188,854.	19,157,001.	21,655,876.	31,014,303.	49,622,779.	138,638,813.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0	
4	Total. Add lines 1 through 3	17,188,854.	19,157,001.	21,655,876.	31,014,303.	49,622,779.	138,638,813.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
•	shown on line 11, column (f)						39,469,757.	
6	Public support. Subtract line 5 from line 4. tion B. Total Support						99,169,056.	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4	17,188,854.	19,157,001.	21,655,876.	31,014,303.	49,622,779.	138,638,813.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,236,700.	5,980,904.	4,539,307.	4,804,564.	5,652,129.	27,213,604.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,330,595.	827,727.	110,597.	941,923.	339,787.	3,550,629.	
11	Total support. Add lines 7 through 10						169,403,046.	
12	Gross receipts from related activities, etc. (s	see instructions)				12		
13	First five years. If the Form 990 is f organization, check this box and stop here							
Sec	tion C. Computation of Public Sup	port Percenta	ge					
14	Public support percentage for 2013 (li		•			14	58.54%	
15	Public support percentage from 2012	•				15	58.57%	
16a	331/3% support test - 2013. If the o							
_	this box and stop here. The organizati							
b	331/3% support test - 2012. If the c	-						
47-	check this box and stop here. The org	•						
1/a	10%-facts-and-circumstances test - 2							
	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							
h	organization							
b	15 is 10% or more, and if the organization	•						
	Explain in Part IV how the organizati						-	
	supported organization				•	•	► Dublicly	
18	Private foundation. If the organization							
	instructions							
		 				obodulo A (Form 0	,	

Schedule A (Form 990 or 990-EZ) 2013

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first second	third fourth or	fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here	~			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8			mn (f))		15	%
16	Public support percentage from 2012 Sche					16	%
	tion D. Computation of Investmen					1 1	/0
<u> 17</u>	Investment income percentage for 2013 (li			13. column (f))		17	%
18	Investment income percentage for 2013 (in					18	
	331/3% support tests - 2013. If the or						
. J a	17 is not more than 331/3%, check th						
h	331/3% support tests - 2012. If the orga		_				
D	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization			-			. —

JSA 3E1221 1.000 Schedule A (Form 990 or 990-EZ) 2013

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

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Schedule of Contributors

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

2013

OMB No. 1545-0047

Internal Revenue Service

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

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

Organization type (check on	a):					
Filers of:	Section:					
Form 990 or 990-EZ	X 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					
	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or one contributor. Complete Parts I and II.					
Special Rules						
under sections 509	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations $\theta(a)(1)$ and $170(b)(1)(A)(vi)$ and received from any one contributor, during the year, a contribution of 55,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. and II.					
during the year, to	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
during the year, co not total to more th year for an exclusiv applies to this orga	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, intributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did than \$1,000. If this box is checked, enter here the total contributions that were received during the <i>rely</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule anization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or ear					

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number 35-1793680

Part I Cor	tributors (see	e instructions).	Use duplicate	copies of Part I	if additional s	pace is needed.
------------	----------------	------------------	---------------	------------------	-----------------	-----------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1 _		\$4,647,150.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
2_		\$2,050,102.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3 _		\$1,165,939.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$2,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$1,222,186.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6 _		\$1,100,000.	Person X Payroll

Employer identification number 35-1793680

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$20,926,875.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

Person Payroll Noncash (Complete Part II for noncash contributions.)

Type of contribution

Employer identification number 35-1793680

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

		·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	PUBLICLY TRADED SECURITIES	427.000	10/21/2012
		\$427,099.	_10/31/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	CLOSELY HELD SECURITIES		
		\$19,926,875.	_07/01/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

		35-1793680
Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c that total more than \$1,000 for the year. Complete columns (a) through (e) and	
	For organizations completing Part III, enter the total of <i>exclusively</i> religious, charic contributions of \$1,000 or less for the year. (Enter this information once. See instance)	
	Use duplicate copies of Part III if additional space is needed.	

	Use duplicate copies of Part III if addition	onal space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and	d ZIP + 4	Relations	ship of transferor to transferee
(a) No.	(b) D	(2) 11-2-4-26		(d) Provide the state of the st
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift	1	
	Transferee's name, address, and	d ZIP + 4	Relations	ship of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Turneformale manne adduser an	1 7ID . 4	Dolotion	shin of the reference to the reference
	Transferee's name, address, and	1 ZIP + 4	Relations	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and	d ZIP + 4	Relations	ship of transferor to transferee
	I			

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the average state

Name	or the organization				= 11	iployer identification number
CEN	TRAL INDIANA COMMUNITY FOUNDATION I	NC				35-1793680
Par	Organizations Maintaining Donor Advise Complete if the organization answered "	ed Funds or Other See" to Form 990, P	Simi Part I	lar Funds or V, line 6.	Acco	unts.
		(a) Donor adv	/ised f	unds		(b) Funds and other accounts
1	Total number at end of year			261.		
2	Aggregate contributions to (during year)		42,	076,518.		
3	Aggregate grants from (during year)		31,	374,259.		
4	Aggregate value at end of year		11,	856,424.		
5	Did the organization inform all donors and donor a	advisors in writing tha	at the	assets held i	n donc	
	funds are the organization's property, subject to the	organization's exclus	sive le	egal control?		X Yes . No
6	Did the organization inform all grantees, donors, an	d donor advisors in w	riting	that grant fu	nds ca	n be used
	only for charitable purposes and not for the benefit	of the donor or dono	or ad	visor, or for an	y othe	
	conferring impermissible private benefit?					
Par					orm 99	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the		ll that			
	Preservation of land for public use (e.g., recre	eation or education)				historically important land area
	Protection of natural habitat			Preservation	of a c	ertified historic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization he	eld a qualified conserv	vatior	n contribution	in the f	orm of a conservation
	easement on the last day of the tax year.					
						Held at the End of the Tax Year
а	Total number of conservation easements					
b	Total acreage restricted by conservation easements					
С	Number of conservation easements on a certified I			` '	. 2c	
d	Number of conservation easements included in (c)					
_	historic structure listed in the National Register					
3	Number of conservation easements modified, trans	sferred, released, ext	ingui	shed, or termi	nated I	by the organization during the
	tax year >					
4	Number of states where property subject to conse					
5	Does the organization have a written policy regarding		_			-
c	violations, and enforcement of the conservation ea					
6	Staff and volunteer hours devoted to monitoring, in	specting, and emorci	ng co	inservation ea	isemer	its during the year
7	Amount of expenses incurred in monitoring, inspec	ting and enforcing of	ncor	vation oasom	anta di	uring the year
,	S	ting, and emorcing co	nsei	valion easem	enis di	aring the year
8	Does each conservation easement reported on line	2(d) above eatiefy th	ho ro	quiromonte of a	coction	170(b)(4)(B)
Ū	(i) and section 170(h)(4)(B)(ii)?			-		
9	In Part XIII, describe how the organization reports					
•	balance sheet, and include, if applicable, the text of					
	organization's accounting for conservation easement		9			
Par	t III Organizations Maintaining Collections	of Art, Historical T	reas	ures, or Oth	er Sim	nilar Assets.
	Complete if the organization answered	"Yes" to Form 990,	Part	IV, line 8.		
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958).	not t	o report in its	rever	ue statement and balance sheet
	If the organization elected, as permitted under SF works of art, historical treasures, or other similar while a provide in Part VIII, the tast of the feet of the	r assets held for pu	blic	exhibition, ed	lucation	n, or research in furtherance of
L	public service, provide, in Part XIII, the text of the fo					
b	If the organization elected, as permitted under sworks of art, historical treasures, or other similar					
	public service, provide the following amounts relati		.DIIC	ozinomon, eu	Jucation	, or research in fulfillerance of
	(i) Revenues included in Form 990, Part VIII, line 1					▶ \$
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of an					
	following amounts required to be reported under S					5 , i
а	Revenues included in Form 990, Part VIII, line 1					 ▶ \$
h	Assets included in Form 990 Part X					• •

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Page **2**

e Other expenditures for facilities and programs	Par	t III Organizations Maintainii	ng Collections of	Art, His	torical T	reasur	es,	or Oth	ner Similar A	ssets	(con	inue	ed)
Public exhibition Provide a description of the organizations Collections and explain how they further the organization's exempt purpose in Part XIII.	3	Using the organization's acquisition collection items (check all that app	on, accession, and only):	other reco	ords, checl	k any o	of the	follow	ring that are a	signif	icant u	se o	of its
Scholarly research e	а	Public exhibition		d [Loan	or excha	ange	prograi	ms				
Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Suring 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?		 i		—									
A provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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?			rations	_									
Sull Sull Sull Sucress Sull	_			and expl	lain how t	thev fur	rther	the or	nanization's ex	emnt	nurnos	≏ in	Part
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?	•		mzation o dolloction	and oxp	iaiii iiow	inoy rui	11101	1110 01	gariization ox	ompt	parpoo		· uit
Secret was not Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, 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, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table:	5		on solicit or receive o	donations (of art hist	orical tr	easu	res or i	other similar				
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Amount	Ŭ										Yes		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X/I 1	Par											/ lir	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance 1c Amount d Additions during the year 1d Id f Ending balance 1f Id Id g Postributions during the year 1f Id Id Id d Rediditions during the year 1f Id Id <th>. u.</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>ui io</th> <th></th> <th></th> <th>. 000,</th> <th>· arti</th> <th>• ,</th> <th>.0 0,</th>	. u.						ui io			. 000,	· arti	• ,	.0 0,
Included on Form 990, Part X? Yes No				, -									
Included on Form 990, Part X? Yes No	1a	Is the organization an agent, truste	e, custodian or othe	r intermed	liary for co	ontributi	ons c	or other	assets not				
b If Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c											Yes		No
Comparison Co	b	If "Yes." explain the arrangement in	Part XIII and compl	ete the fol	llowing tab	ole:				• -			,
C Beginning balance 1t d d d d d d d d d		,							Amou	nt			
d Additions during the year	С	Beginning balance					10						
Example 1 Distributions during the year							-						
f Ending balance	e												
2a Did the organization include an amount on Form 990, Part X, line 21?	f												
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Set Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part IV, line 11b. See Form 990, Part IV, line 11b. See Form 990, Part IV, line 11b. See Form 990, Part X, line 10. Part V Enabled organizations Part XIII. Check here if the explanation has been provided in Part XIII. Check here if the explanation has been provided in Part XIII. The part V Par		•									Yes		No
Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete Com													
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 249,306,052, 240,262,726, 254,731,923, 232,585,502. 195,970,455. 1,915,970,455. 1,815,816, 4,526,713, 7,053,791, 1,682,821. 1,682,821. b Contributions 44,090,102, 23,255,505, -1,087,862, 32,160,397, 41,419,473. 41,419,473. d Grants or scholarships 17,023,834, 12,771,369, 15,246,633, 15,422,751, 4,710,941. 47,10,941. e Other expenditures for facilities and programs 48,159, 99,738, 236,252, 311,174. 47,10,941. f Administrative expenses 3,139,978, 3,208,467, 2,561,677, 1,408,764, 1,465,132. 29,704,697, 249,306,052, 240,262,726, 254,731,923, 232,585,502. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100,0000 % 7 b Permanent endowment 100,0000 % 7 c Temporarily restricted endowment 100,0000 % 7 f The percentages in lines 2a, 2b, and 2c should equal 100%. 3a 3a(i) X b If Yes* to 3a(ii), related organizations 3a(i) X													
1a Beginning of year balance 249,306,052 240,262,726 254,731,923 232,585,502 195,970,455 b Contributions 9,272,355 1,815,816 4,526,713 7,053,791 1,682,821 c Net investment earnings, gains, and losses 44,090,102 23,255,505 -1,087,862 32,160,397 41,419,473 d Grants or scholarships 17,023,834 12,771,369 15,246,633 15,422,751 4,710,941 f Administrative expenses 3,139,978 3,208,467 2,561,677 1,408,764 1,465,132 g End of year balance 282,504,697 249,306,052 240,262,726 254,731,923 232,585,502 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100,0000 % b Permanent endowment percentages in lines 2a, 2b, and 2c should equal 100% 3 Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 33(i) x 6 If "Yes" to 3a(ii), are the related organizations isted as required on Schedule R? 3(i) x 4 Describe in Part XIII the intended uses of the organization's endowment funds. (a) Cost or other basis (other) <t< th=""><th>ı aı</th><th>Endownient i dias.</th><th></th><th>1</th><th></th><th></th><th></th><th></th><th>i i</th><th></th><th>(e) Four</th><th>vears</th><th>back</th></t<>	ı aı	Endownient i dias.		1					i i		(e) Four	vears	back
b Contributions	1a	Beginning of year balance											
c Net investment earnings, gains, and losses 44,090,102. 23,255,505. -1,087,862. 32,160,397. 41,419,473. d Grants or scholarships 17,023,834. 12,771,369. 15,246,633. 15,422,751. 4,710,941. e Other expenditures for facilities and programs 48,159. 99,738. 236,252. 311,174. f Administrative expenses 3,139,978. 3,208,467. 2,561,677. 1,408,764. 1,465,132. g End of year balance 282,504,697. 249,306,052. 240,262,726. 254,731,923. 232,585,502. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment													
and losses			7,2,2,3331		,	/ -			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0_,	
d Grants or scholarships		3 1 3	44.090.102.	23.25	55.505.	-1.0	087.	862.	32.160.39	97.	41.4	19.	473.
e Other expenditures for facilities and programs	d												
and programs			27,020,001			137.			10,122,7	-	-,.		
f Administrative expenses	•				18.159		99	738	236.29	52	3	11.	174
g End of year balance	f	. •	3.139.978										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.0000 % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation b Buildings c Leasehold improvements 4,048,803. 1,632,509. 2,416,294. d Equipment Cother Other Other 342,050.		·											
a Board designated or quasi-endowment ▶ 100.0000 % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 4 , 048, 803. 1, 632, 509. 2, 416, 294. d Equipment Cother Other Other 573, 147. 231, 097. 342, 050.	_	- 1								10.	232,3	00,	
b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land					c (iiiic 1g,	Coldinii	ι (α))	ncia as	•				
Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation 1a Land .	b												
The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) realted organizations (iii) realted organizations (iiii) realted organizations (iiii) realted organizations (iiii) realted organizations (iiii) realted organizations (iiiii) realted organizations (iiiii) realted organizations (iiii) realted organizations (iiiii) realted organizations (iiiiii) realted organizations (iiiiii) realted organizations (iiiii) realted organizations (ii	C												
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Ves No				00%.									
Ves No	3a		•		ation that	are hel	d and	d admir	istered for the				
(ii) unrelated organizations (iii) related organizations (•	Ü							Г	es.	No
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (investment) (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 2 Leasehold improvements 4 , 048 , 803		,								_			
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (other) (other) (other) (c) Accumulated depreciation (other)													
Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (g) Book value (g) B	b									• •			
Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings 4,048,803. 1,632,509. 2,416,294. c Leasehold improvements 1,880,903. 758,394. 1,122,509. e Other 573,147. 231,097. 342,050.		, , , ·	•	•		_				• •			
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	Par												
tall Land (investment) (other) depreciation b Buildings Use a sehold improvements 4,048,803 1,632,509 2,416,294 d Equipment 1,880,903 758,394 1,122,509 e Other 573,147 231,097 342,050	ı aı	Complete if the organiza	tion answered "Ye	es" to For	m 990, P	art IV, I	line 1	1a. Se	ee Form 990,	Part)	X, line	10.	
1a Land 6 Buildings 6 Equipment 4,048,803 1,632,509 2,416,294 C Leasehold improvements 1,880,903 758,394 1,122,509 E Other 573,147 231,097 342,050		Description of property					asis			(d)	Book valu	ıe	
b Buildings 4,048,803 1,632,509 2,416,294 c Leasehold improvements 1,880,903 758,394 1,122,509 e Other 573,147 231,097 342,050	1a	land	,	unon)	(0	,u101)		uepi	Colation				
c Leasehold improvements 4,048,803 1,632,509 2,416,294 d Equipment 1,880,903 758,394 1,122,509 e Other 573,147 231,097 342,050													
d Equipment 1,880,903. 758,394. 1,122,509. e Other 573,147. 231,097. 342,050.		_			4 (148 80	13	1 6	32.509		2 41	6 2	94
e Other							_						
							_						
				n 990. Pan									

Schedule D (Form 990) 2013

Page 3 Schedule D (Form 990) 2013

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" to Form 990	Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(3) Other		151 502 152	
	LED RESOURCES	151,703,173.	FMV
<u>(B)</u>			
<u>(C)</u>			
(D) (E)			
(F)			
(G)			
\(\frac{1}{2}\)/			
	n (b) must equal Form 990, Part X, col. (B) line 12.)	151,703,173.	
Part VIII	Investments - Program Related.		
		"Yes" to Form 990	Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(1) 15 000 B 17 1 (D) 5 10 1		
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		
raitix		"Yes" to Form 990	Part IV, line 11d. See Form 990, Part X, line 15.
		Description	(b) Book value
(1)	(4)		(2) 200.1 14.40
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e
	ral income taxes	(b) Book valu	
	ME BENEFICIARIES PAYABLE	3,205,	887.
(3)		372337	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 3,205,8	
2. Liability for	or uncertain tax positions. In Part XIII, provide the t	ext of the footnote to th	e organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013 Page 4

Jeneau	10 D (1 0111 000) 2010		1 age 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	eturn.	
1	Total revenue, gains, and other support per audited financial statements		115,268,111.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	115,200,111.
а	Net unrealized gains on investments 2a 40,709,1	96.	
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c		
d		274	
e			42,017,070.
3			73,251,041.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	73,231,041.
+ a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		73,251,041.
Part			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	40,078,279.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 375,5	525.	
е	Add lines 2a through 2d	2e	375,525.
3	Subtract line 2e from line 1	3	39,702,754.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	39,702,754.
Part		'	
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Part V,	line 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	information	n.
SEE	PAGE 5		

JSA 3E1271 1.000

Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS

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

ASC 740 FOOTNOTE

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

PART XI LINE 2D

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 515,003

CHANGE IN DEFINED BENEFIT PENSION PLAN 792,871

TOTAL: \$1,307,874

PART XII LINE 2D

TRANSFERS AND OTHER EXCHANGES \$375,525

SCHEDULE G

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection Internal Revenue Service Name of the organization Employer identification number CENTRAL INDIANA COMMUNITY FOUNDATION INC 35-1793680 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. IN,

 Schedule G (Form 990 or 990-EZ) 2013
 Page 2

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

		gross receipts greater than \$5,0	00.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SCHLRSHP DINNER	SPECIAL EVENT		(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne						
Revenue	1	Gross receipts	342,790.	124,925.		467,715
Re						
		Less: Contributions	319,790.	120,000.		439,790
	3	Gross income (line 1 minus				
		line 2)	23,000.	4,925.		27,925
		2				
	4	Cash prizes				
	_	No see a de martino				
	5	Noncash prizes				
es	_	Bont/facility acets				
ens	0	Rent/facility costs				
Expenses	7	Food and beverages				
Д	'	1 000 and beverages				
Direct	8	Entertainment				
	9	Other direct expenses		100,156.		100,156
				·		
	10	Direct expense summary. Add lines 4	4 through 9 in column (d))	▶	100,156
	11	Net income summary. Subtract line 1	0 from line 3, column (d)		-72,231
	rt I	Gaming. Complete if the organic	anization answered "Y			rted more
		than \$15,000 on Form 990-E	Z, line 6a.			
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Billigo	bingo/progressive bingo	(e) e in er gammig	col. (a) through col. (c))
Sev		_				
_	1	Gross revenue				
	_	Cook prizes				
ses	2	Cash prizes				
Direct Expenses	,	Noncach prizos				
Ä	3	Noncash prizes				
ect	4	Rent/facility costs				
Ë	1	Remarks obote				
	5	Other direct expenses				
		Children amout oxponesses,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
					111	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d))	•	
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
9		nter the state(s) in which the organizat				
		s the organization licensed to operate of	gaming activities in each	of these states?		Yes No
k) If	"No," explain:				
	_					
	_					
		Vere any of the organization's gaming	licenses revoked, suspe	ended or terminated durir	ng the tax year?	Yes No
k) If	"Yes," explain:				
	_					

Sched	ule G (Form 990 or 990-EZ) 2013
11	Does the organization operate gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2013

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATI	ON INC					35-1793680)
Part I General Information on Grants and	Assistance	9				•	
 Does the organization maintain records to sult the selection criteria used to award the grants Describe in Part IV the organization's procedure. 	or assistand ures for mon	e? iitoring the use o	of grant funds in the	United States.			X Yes No
Part II Grants and Other Assistance to G Part IV, line 21, for any recipient the	overnment at received	s and Organiza more than \$5,	ations in the Unit 000. Part II can b	ed States. Come duplicated if a	plete if the organiz dditional space is n	ation answered "Y eeded.	es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 100 BLACK MEN OF INDIANAPOLIS, INC.							
3901 N. MERIDIAN ST. SUITE 10	351813852	501(C)(3)	31,000.				PROGRAM SUPPORT
_(2) 2ND MILE MISSONS							
P.O. BOX 733 WINONA LAKE, IN 46590	260293304	501(C)(3)	16,500.				PROGRAM SUPPORT
(3) ABOVE & BEYOND CHILDREN'S MUSEUM							
902 N. 8TH ST. SHEBOYGAN, WI 53081	391739087	501(C)(3)	25,000.				PROGRAM SUPPORT
(4) ADULT & CHILD MENTAL HEALTH CENTER, INC.							
222 E OHIO ST. STE. 600	351534713	501(C)(3)	10,176.				PROGRAM SUPPORT
(5) AFTERCARE FOR INDIANA THROUGH MENTORING							
4901 CENTURY PLAZA RD.	454047222	501(C)(3)	50,000.				PROGRAM SUPPORT
(6) AGAPE THERAPEUTIC RIDING RESOURCES, INC.							
24970 MT. PLEASANT RD. P.O. BOX 207	311193132	501(C)(3)	9,355.				PROGRAM SUPPORT
(7) ALTERNATIVES INCORPORATED OF MADISON COUNTY			,				
P.O. BOX 1302 ANDERSON, IN 46015-1302	310986769	501(C)(3)	25,000.				PROGRAM SUPPORT
(8) ALZHEIMER'S ASSOCIATION OF GREATER INDIANA			,				
50 E. 91ST. ST. SUITE 100	133039601	501(C)(3)	18,500.				PROGRAM SUPPORT
(9) AMERICAN CIVIL LIBERTIES UNION OF INDIANA F							
1031 E. WASHINGTON ST.	237398358	501(C)(3)	109,862.				PROGRAM SUPPORT
(10) AMERICAN LUNG ASSOCIATION OF THE UPPER MIDW	237330330	301(0)(3)	103,002.				TROGRAM BOTTORT
115 W. WASHINGTON ST. SUITE 1180 S	350868114	501(C)(3)	6,000.				PROGRAM SUPPORT
(11) AMERICAN PIANISTS ASSOCIATION, INC.	330000111	301(0)(3)	0,000.				THOUGHT BOTTON
4603 CLARENDON RD. SUITE 030	310969640	501(C)(3)	82,168.				PROGRAM SUPPORT
(40)	320303010	332(0)(3)	02,100.				PROGRAM DOLLOKE
1125 BROOKSIDE AVE. STE B1	020570317	501(C)(3)	55,672.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and g			· · · · · · · · · · · · · · · · · · ·	e	<u> </u>	<u> </u>	FROGRAM SUPPORT
3 Enter total number of other organizations liste		•					
= Litter total flamber of other organizations liste		· labio			<u> </u>	<u> </u>	

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

Department of the Treasury

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

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

Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

► Attach to Form 990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATI	ION INC					35-1793680)
Part I General Information on Grants and	Assistance	9				•	
1 Does the organization maintain records to su	bstantiate th	e amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and	
the selection criteria used to award the grants	or assistanc	e?					X Yes No
2 Describe in Part IV the organization's proced	ures for mon	itoring the use o	of grant funds in the	United States.			
Part II Grants and Other Assistance to G Part IV, line 21, for any recipient th							es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ARTS COUNCIL OF INDIANAPOLIS							
924 N. PENNSYLVANIA ST.	311225893	501(C)(3)	66,960.				PROGRAM SUPPORT
(2) ASANTE CHILDREN'S THEATRE							
P.O. BOX 22344 INDIANAPOLIS, IN 46222	352203194	501(C)(3)	6,360.				PROGRAM SUPPORT
(3) ASSISTANCE LEAGUE OF INDIANAPOLIS							
1475 W. 86TH ST. SUITE E	351635410	501(C)(3)	6,000.				PROGRAM SUPPORT
(4) AUDITORIUM THEATRE OF ROOSEVELT UNIVERSITY,							
50 E. CONGRESS PKWY. CHICAGO, IL 60605	363145476	501(C)(3)	10,000.				PROGRAM SUPPORT
(5) BEECH GROVE EDUCATION FOUNDATION							
5334 HORNET AVE. BEECH GROVE, IN 46107-2306	351982291	501(C)(3)	47,340.				PROGRAM SUPPORT
(6) BEN DAVIS CHRISTIAN CHURCH							
701 S. HIGH SCHOOL RD.	351012481	501(C)(3)	10,000.				PROGRAM SUPPORT
1230 N. DELAWARE ST. INDIANAPOLIS, IN 46202	351117501	501(C)(3)	16,960.				PROGRAM SUPPORT
(8) BETHESDA TEMPLE APOSTOLIC CHURCH							
2147 W. 63RD ST. INDIANAPOLIS, IN 46260	351459633	501(C)(3)	10,000.				PROGRAM SUPPORT
(9) BETHLEHEM HOUSE RESIDENCE							
130 E. 30TH ST. INDIANAPOLIS, IN 46205	352119786	501(C)(3)	30,000.				PROGRAM SUPPORT
(10) BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA							
2960 N. MERIDIAN ST. SUITE 150	351323831	501(C)(3)	202,500.				PROGRAM SUPPORT
(11) BIG CAR							
615 N ALABAMA ST. STE. 119	113725157	501(C)(3)	54,200.				PROGRAM SUPPORT
(12) BILLIES FOOD PANTRY							
1754 W. MORRIS ST. INDIANAPOLIS, IN 46221	351433969	501(C)(3)	10,000.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and g	government o	organizations list	ed in the line 1 tabl	e			
3 Enter total number of other organizations liste	ed in the line	1 table					

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

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Department of the Treasury
Internal Revenue Service
Name of the organization

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CENTRAL INDIANA COMMUNITY FOUNDAT:	ION INC					35-1793680)
Part I General Information on Grants and	l Assistanc	9					
1 Does the organization maintain records to su	bstantiate th	e amount of the	rants or assistan	ce, the grantees'	eligibility for the grants	or assistance, and	
the selection criteria used to award the grants	s or assistand	e?					X Yes No
2 Describe in Part IV the organization's proced	ures for mor	itoring the use of	grant funds in the	United States.			
Part II Grants and Other Assistance to G					plete if the organiz	ation answered "Y	es" to Form 990
Part IV, line 21, for any recipient th							
	<u> </u>			I	(f) Method of valuation		1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BIRTHRIGHT OF CICERO, INC.							
50 SOUTH PERU P.O. BOX 1047	351999028	501(C)(3)	6,000.				PROGRAM SUPPORT
(2) BISHOP CHATARD HIGH SCHOOL							
5885 N. CRITTENDEN AVE.	351063332	EDUCATIONAL ORG	10,000.				PROGRAM SUPPORT
(3) BLOOD: WATER MISSION							
P.O. BOX 60381 NASHVILLE, TN 37206	562483082	501(C)(3)	13,000.				PROGRAM SUPPORT
_(4) BOCA HELPING HANDS							
1500 NW 1ST CT. BOCA RATON, FL 33432	311713631	501(C)(3)	10,000.				PROGRAM SUPPORT
(5) BOONE COUNTY COMMUNITY CLINIC							
416 W. CAMP ST. LEBANON, IN 46052	352127378	501(C)(3)	15,000.				PROGRAM SUPPORT
_(6) BOONE COUNTY SENIOR SERVICES							
515 CROWNPOINTE DR. LEBANON, IN 46052	351445498	501(C)(3)	20,000.				PROGRAM SUPPORT
(7) BOOTH TARKINGTON CIVIC THEATRE							
3 CENTER GREEN SUITE 200 CARMEL, IN 46032	350230360	501(C)(3)	56,300.				PROGRAM SUPPORT
(8) BOSMA INDUSTRIES FOR THE BLIND, INC.							
8020 ZIONSVILLE RD. INDIANAPOLIS, IN 46268	311246086	501(C)(3)	10,000.				PROGRAM SUPPORT
(9) BOYS & GIRLS CLUBS OF INDIANAPOLIS							
3530 SOUTH KEYSTONE AVE. SUITE 200	350888754	501(C)(3)	822,061.				PROGRAM SUPPORT
(10) BROAD RIPPLE ALLIANCE FOR PROGRESS							
6311 WESTFIELD BLVD. SUITE 101	352093353	501(C)(3)	7,420.				PROGRAM SUPPORT
(11) BROOKE'S PLACE FOR GRIEVING YOUNG PEOPLE, I							
50 E. 91ST ST. SUITE 103	352045122	501(C)(3)	29,328.				PROGRAM SUPPORT
(12) BUILDING TOMORROW, INC.							
407 N. FULTON ST. INDIANAPOLIS, IN 46202	562614329	501(C)(3)	35,250.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and g	government o	organizations liste	d in the line 1 tab	е		▶	
3 Enter total number of other organizations list	ed in the line	1 table					

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

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Department of the Treasury Internal Revenue Service

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization						Employer identificat	ion number
CENTRAL INDIANA COMMUNITY FOUNDATI	ON INC					35-1793680	3
Part I General Information on Grants and	Assistance	9				•	
 Does the organization maintain records to sul the selection criteria used to award the grants Describe in Part IV the organization's procedu 	or assistanc	e?	·				X Yes No
Part II Grants and Other Assistance to G Part IV, line 21, for any recipient the							es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BUTLER UNIVERSITY 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	350867977	501(C)(3)	139,080.				PROGRAM SUPPORT
(2) CAMPUS CRUSADE FOR CHRIST, INC. P.O. BOX 628222 ORLANDO, FL 32862-8222							
(3) CATHOLIC CHARITIES INDIANAPOLIS	956006173	501(C)(3)	9,600.				PROGRAM SUPPORT
1400 N. MERIDIAN ST., RM. #217 P.O. BOX 141 (4) CENTER FOR LEADERSHIP DEVELOPMENT, INC.	351018460	501(C)(3)	9,500.				PROGRAM SUPPORT
2425 DR. MARTIN LUTHER KING JR. ST. (5) CENTER FOR SUCCESSFUL PARENTING	351389882	501(C)(3)	70,760.				PROGRAM SUPPORT
2206 E. 96TH ST. INDIANAPOLIS, IN 46240	352079585	501(C)(3)	49,000.				PROGRAM SUPPORT
(6) CENTER FOR VICTIM AND HUMAN RIGHTS, CORP. 201 N. ILLINOIS ST. 16TH FLOOR - SOUTH TOWE	262747213	501(C)(3)	25,000.				PROGRAM SUPPORT
_(7) CENTRAL INDIANA LAND TRUST INC. 1500 N. DELAWARE ST. INDIANAPOLIS, IN 46202	351816493	501(C)(3)	35,000.				PROGRAM SUPPORT
(8) CENTRAL INDIANA YOUTH FOR CHRIST 4707 W. 72ND ST. P.O. BOX 68695	350992753	501(C)(3)	31,250.				PROGRAM SUPPORT
(9) CHARLES A. TINDLEY ACCELERATED SCHOOL		301(0)(0)	31/2501				PROGRAM BOLLOW
3960 MEADOWS DR. INDIANAPOLIS, IN 46205 (10) CHATHAM ARCH NEIGHBORHOOD FOUNDATION	352151971	501(C)(3)	7,500.				PROGRAM SUPPORT
MERRILL LYNCH, 111 MONUMENT CIR. BANK ONE T	352119515	501(C)(3)	22,160.				PROGRAM SUPPORT
(11) CHAUCIE'S PLACE 4607 E. 106TH ST. CARMEL, IN 46033	352072683	501(C)(3)	6,000.				PROGRAM SUPPORT
(12) CHICAGO ALLIANCE AGAINST SEXUAL EXPLOITATIO	332072083	301(C)(3)	8,000.				FROGRAM SUPPORT
3304 N. LINCOLN SUITE 202 CHICAGO, IL 60657	260220074	501(C)(3)	50,000.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and g3 Enter total number of other organizations liste		-					

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

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Department of the Treasury Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2013

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Employer identification number

ENTRAL INDIANA COMMUNITY FOUNDATION INC art I General Information on Grants and Assistance						35-1793680		
1 Does the organization maintain records to sul			rante or accietan	co the grantoes'	oligibility for the grant	or assistance and		
the selection criteria used to award the grants							X Yes No	
Describe in Part IV the organization's procedu	iree for mor	o: vitoring the use of	grant funds in the	United States			162 NO	
					minto if the communic		/" t- F 000	
Part II Grants and Other Assistance to G Part IV, line 21, for any recipient the	overnment	s and Organiza	tions in the Unit	ed States. Com	piete if the organiz	zation answered "Y	es" to Form 990,	
Fart IV, line 21, for any recipient the	at received	more man \$5,0	oo. Fait ii can b	e duplicated il a	udilional space is n	leeded.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) CHICAGO PUBLIC ART GROUP								
600 W. CERMAK RD. SUITE 3B	237302449	501(C)(3)	10,000.				PROGRAM SUPPORT	
(2) CHICAGO PUBLIC MEDIA								
NAVY PIER 848 E. GRAND AVE.	363687394	501(C)(3)	39,713.				PROGRAM SUPPORT	
(3) CHILD ADVOCATES INC.								
8200 HAVERSTICK RD. SUITE 240	351788240	501(C)(3)	82,500.				PROGRAM SUPPORT	
(4) CHILDREN IN THE SON								
P.O. BOX 99063 RALEIGH, NC 27624	571103876	501(C)(3)	6,200.				PROGRAM SUPPORT	
(5) CHILDREN'S BUREAU, INC.								
1575 MARTIN LUTHER KING DR.	351061264	501(C)(3)	39,000.				PROGRAM SUPPORT	
(6) CHRIST COMMUNITY CHURCH								
404 S. 108TH AVE. OMAHA, NE 68154	470376594	501(C)(3)	6,800.				PROGRAM SUPPORT	
_(7) CHRISTAMORE HOUSE								
502 N. TREMONT ST. ROOM 310	350885588	501(C)(3)	103,510.				PROGRAM SUPPORT	
(8) CHRISTEL HOUSE, INTERNATIONAL								
10 W. MARKET ST. SUITE 1990	352051932	501(C)(3)	10,000.				PROGRAM SUPPORT	
(9) CHRISTIAN THEOLOGICAL SEMINARY								
1000 W. 42ND ST.	351045939	501(C)(3)	27,800.				PROGRAM SUPPORT	
(10) CICOA AGING & IN-HOME SOLUTIONS								
4755 KINGSWAY DR. SUITE 200	351310387	501(C)(3)	219,071.				PROGRAM SUPPORT	
(11) CITY OF INDIANAPOLIS								
200 E. WASHINGTON ST.	356001063	LOCAL ELECTED G	12,720.				PROGRAM SUPPORT	
(12) COALITION FOR HOMELESSNESS INTERVENTION & P								
3737 N. MERIDIAN ST. SUITE 504	311254018	501(C)(3)	37,227.				PROGRAM SUPPORT	
2 Enter total number of section 501(c)(3) and g						▶		
3 Enter total number of other organizations liste	ed in the line	1 table						

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

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Internal Revenue Service
Name of the organization

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2013

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Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATI	ON INC	35-1793680	35-1793680					
Part I General Information on Grants and	Assistance	9						
1 Does the organization maintain records to sul	ostantiate th	e amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and		
the selection criteria used to award the grants	or assistanc	e?					X Yes No	
2 Describe in Part IV the organization's procedu	ures for mor	itoring the use o	of grant funds in the	United States.				
Part II Grants and Other Assistance to G					plete if the organiz	ration answered "Y	es" to Form 990	
Part IV, line 21, for any recipient the	at received	more than \$5,	000. Part II can b	e duplicated if a	dditional space is n	eeded.	00 10 1 01111 000,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) COBURN PLACE SAFE HAVEN								
604 E. 38TH ST. INDIANAPOLIS, IN 46205	371421922	501(C)(3)	43,640.				PROGRAM SUPPORT	
(2) COLLEGE MENTORS FOR KIDS! INC.								
212 W. 10TH ST. SUITE B260	352002052	501(C)(3)	17,500.				PROGRAM SUPPORT	
_(3) COLUMBIA COLLEGE CHICAGO								
600 S. MICHIGAN AVE. SUITE 400	366112087	501(C)(3)	80,000.				PROGRAM SUPPORT	
_(4) COMMUNITY ALLIANCE OF THE FAR EASTSIDE (CAF								
8902 E. 38TH ST. INDIANAPOLIS, IN 46226	352018453	501(C)(3)	89,200.				PROGRAM SUPPORT	
(5) COMMUNITY HOME HEALTH SERVICES								
9894 E. 121ST ST. FISHERS, IN 46037	350953467	501(C)(3)	13,309.				PROGRAM SUPPORT	
(6) CONCORD NEIGHBORHOOD CENTER								
1310 S. MERIDIAN ST. INDIANAPOLIS, IN 46225	350817149	501(C)(3)	69,500.				PROGRAM SUPPORT	
(7) CONNECT2HELP								
3901 N. MERIDIAN ST. SUITE 300	311216792	501(C)(3)	303,950.				PROGRAM SUPPORT	
(8) CROSSROADS OF AMERICA COUNCIL/BOY SCOUTS OF								
7125 FALL CREEK RD. N.	350867962	501(C)(3)	6,000.				PROGRAM SUPPORT	
(9) CROWN HILL HERITAGE FOUNDATION, INC.								
700 W. 38TH ST. P.O. BOX 88349	311104060	501(C)(3)	28,771.				PROGRAM SUPPORT	
(10) DAMIEN CENTER								
26 N. ARSENAL AVE. INDIANAPOLIS, IN 46201	351711878	501(C)(3)	50,000.				PROGRAM SUPPORT	
(11) DANCE KALEIDOSCOPE								
4603 CLARENDON RD. ROOM 32	310896177	501(C)(3)	36,750.				PROGRAM SUPPORT	
(12) DATHOUSE								
1253 S. EAST ST. INDIANAPOLIS, IN 46225	300604351	501(C)(3)	5,200.				PROGRAM SUPPORT	
2 Enter total number of section 501(c)(3) and g	overnment o	organizations list	ted in the line 1 tabl	e		-		
3 Enter total number of other organizations liste	ed in the line	1 table						

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Department of the Treasury
Internal Revenue Service

Name of the organization

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2013

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Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATI		35-1793680					
Part I General Information on Grants and	Assistance	e					
1 Does the organization maintain records to su	bstantiate th	e amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and	
the selection criteria used to award the grants							X Yes No
2 Describe in Part IV the organization's procedu	ures for mor	nitoring the use o	of grant funds in the	United States.			
Part II Grants and Other Assistance to G	overnment	s and Organiz	ations in the Unit	ed States, Com	plete if the organiz	ration answered "Y	es" to Form 990
Part IV, line 21, for any recipient th	at received	more than \$5,	000. Part II can b	e duplicated if a	dditional space is n	eeded.	00 10 1 01111 000,
		. ,				T.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DAVINCI PURSUIT							
826 N GRAHAM AVE. INDIANAPOLIS, IN 46219	271317762	501(C)(3)	19,080.				PROGRAM SUPPORT
_(2) DAY NURSERY ASSOCIATION OF INDIANAPOLIS, IN							
615 N. ALABAMA ST. SUITE 300	350888763	501(C)(3)	83,600.				PROGRAM SUPPORT
(3) DEPAUW UNIVERSITY							
313 SOUTH LOCUST GREENCASTLE, IN 46135-1611	350869045	501(C)(3)	18,500.				PROGRAM SUPPORT
(4) DESTINY RESCUE							
P.O. BOX 752 NORTH WEBSTER, IN 46555	262467690	501(C)(3)	10,000.				PROGRAM SUPPORT
(5) DOMESTIC VIOLENCE NETWORK							
9539 VALAPRAISO CT. INDIANAPOLIS, IN 46268	352014673	501(C)(3)	21,200.				PROGRAM SUPPORT
(6) DOVE RECOVERY HOUSE FOR WOMEN							
14 N. HIGHLAND AVE. INDIANAPOLIS, IN 46202	352120680	501(C)(3)	95,960.				PROGRAM SUPPORT
_(7) DRESS FOR SUCCESS INDIANAPOLIS, INC.							
820 N. MERIDIAN ST. INDIANAPOLIS, IN 46204	352078412	501(C)(3)	45,714.				PROGRAM SUPPORT
(8) DYSLEXIA INSTITUTE OF INDIANA, INC.							
8395 KEYSTONE CROSSING STE 104	351780312	501(C)(3)	58,293.				PROGRAM SUPPORT
_(9) EAGLE CHURCH							
P.O. BOX 254 ZIONSVILLE, IN 46077	351952000	501(C)(3)	25,000.				PROGRAM SUPPORT
(10) EARLHAM COLLEGE							
801 NATIONAL RD. W. RICHMOND, IN 47374-4095	350868073	501(C)(3)	13,739.				PROGRAM SUPPORT
(11) EARTH UNIVERSITY FOUNDATION							
8 PIEDMONT CENTER; STE 520 3525 PIEDMONT RD	382920639	501(C)(3)	24,000.				PROGRAM SUPPORT
(12) EAST 10TH STREET CIVIC ASSOCIATION							
2236 E. 10TH ST. INDIANAPOLIS, IN 46201	141857868	501(C)(3)	10,000.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and g	overnment o	organizations lis	ted in the line 1 tab	e		▶	
3 Enter total number of other organizations liste	ed in the line	1 table				<u></u>	

JSA

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATI	ON INC					35-1793680)
Part I General Information on Grants and	Assistance	е					
1 Does the organization maintain records to sul	ostantiate th	e amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and	
the selection criteria used to award the grants	or assistance	e?					X Yes No
2 Describe in Part IV the organization's procedu	ures for mor	itoring the use of	grant funds in the	United States.			
Part II Grants and Other Assistance to G	overnment	s and Organiza	tions in the Unit	ed States. Com	plete if the organiz	ation answered "Y	es" to Form 990.
Part IV, line 21, for any recipient that	at received	more than \$5,0	00. Part II can b	e duplicated if a	dditional space is n	eeded.	,
					(f) Method of valuation		
(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	(book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) EAST 10TH UNITED METHODIST CHILDREN & YOUTH							
2327 E. 10TH ST. INDIANAPOLIS, IN 46201	351976975	RELIGIOUS ORGAN	22,000.				PROGRAM SUPPORT
(2) EASTER SEALS CROSSROADS							
4740 KINGSWAY DR. INDIANAPOLIS, IN 46205	350869058	501(C)(3)	84,085.				PROGRAM SUPPORT
(3) EDNA MARTIN CHRISTIAN CENTER							
P.O. BOX 18388 INDIANAPOLIS, IN 46218-0388	351072577	501(C)(3)	72,750.				PROGRAM SUPPORT
_(4) EITELJORG MUSEUM OF AMERICAN INDIANS AND WE							
500 W. WASHINGTON ST.	311139447	501(C)(3)	122,716.				PROGRAM SUPPORT
(5) EMMANUEL MISSIONARY BAPTIST CHURCH							
4958 RIBBLE RD. INDIANAPOLIS, IN 46218	351710868	501(C)(3)	7,000.				PROGRAM SUPPORT
(6) EMPLOYINDY							
PNC CENTER SOUTH 115 W. WASHINGTON ST., SUI	351569069	501(C)(3)	27,500.				PROGRAM SUPPORT
(7) ENGLISHTON PARK UNITED PRESBYTERIAN MINISTR							
P.O. BOX 240 LEXINGTON, IN 47138	237378186	501(C)(3)	14,720.				PROGRAM SUPPORT
(8) EPISCOPAL RELIEF & DEVELOPMENT							
815 SECOND AVENUE NEW YORK, NY 10017	731635264	501(C)(3)	50,000.				PROGRAM SUPPORT
(9) ESKENAZI HEALTH FOUNDATION							
1001 W. 10TH ST. INDIANAPOLIS, IN 46202	311132066	501(C)(3)	214,960.				PROGRAM SUPPORT
(10) EXODUS REFUGEE/IMMIGRATION, INC.							
1125 BROOKSIDE AVE. SUITE C9	351900090	501(C)(3)	16,688.				PROGRAM SUPPORT
(11) EYE ON INDIA							
6642 MANOR DR. BURR RIDGE, IL 60527	454906347	501(C)(3)	7,500.				PROGRAM SUPPORT
(12) FAMILIES FIRST INDIANA, INC.							
615 N. ALABAMA ST. SUITE 320	350877572	501(C)(3)	87,675.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and g	overnment o	organizations liste	d in the line 1 tabl	e		. •	
3 Enter total number of other organizations liste	ed in the line	1 table					

JSA

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Department of the Treasury
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

2013

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CENTRAL INDIANA COMMUNITY FOUNDATI		35-1793680					
Part I General Information on Grants and	Assistance	е					
1 Does the organization maintain records to su	bstantiate th	e amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and	
the selection criteria used to award the grants							X Yes No
2 Describe in Part IV the organization's procedu							
Part II Grants and Other Assistance to G	overnment	s and Organiza	tions in the Unit	ed States Com	nlete if the organiz	ration answered "Y	es" to Form 990
Part IV, line 21, for any recipient th	at received	more than \$5.0	00. Part II can b	e duplicated if a	dditional space is n	eeded.	C3 10 1 01111 000;
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1) FATHERS AND FAMILIES RESOURCE/RESEARCH CENT							
2835 N. ILLINOIS ST. INDIANAPOLIS, IN 46208	352069047	501(C)(3)	46,000.				PROGRAM SUPPORT
(2) FELEGE HIYWOT CENTER							
1648 SHELDON ST. INDIANAPOLIS, IN 46218	200916223	501(C)(3)	7,000.				PROGRAM SUPPORT
(3) FESTIVAL MUSIC SOCIETY OF INDIANA							
3646 BAY RD S. DR. INDIANAPOLIS, IN 46240	356068649	501(C)(3)	57,560.				PROGRAM SUPPORT
(4) FIRST PRESBYTERIAN CHURCH							
221 E. 6TH ST. BLOOMINGTON, IN 47408	350077531	RELIGIOUS ORGAN	26,000.				PROGRAM SUPPORT
(5) FIRST-MERIDIAN HEIGHTS PRESBYTERIAN CHURCH							
4701 N. CENTRAL AVE. INDIANAPOLIS, IN 46205	350965666	501(C)(3)	7,000.				PROGRAM SUPPORT
(6) FLANNER HOUSE							
2424 DR. MARTIN LUTHER KING JR. ST.	350942628	501(C)(3)	55,000.				PROGRAM SUPPORT
_(7) FLANNER HOUSE OF INDIANAPOLIS, INC.							
2424 DR. MARTIN LUTHER KING JR. ST.	350942628	501(C)(3)	82,710.				PROGRAM SUPPORT
(8) FLORENCE FULLER CHILD DEVELOPMENT CENTER, I							
200 NE 14TH ST. BOCA RATON, FL 33432	591312245	501(C)(3)	50,000.				PROGRAM SUPPORT
(9) FOOD BANK OF NORTHWEST INDIANA							
2248 W. 35TH AVE. GARY, IN 46408	351528285	501(C)(3)	12,000.				PROGRAM SUPPORT
(10) FOOTLITE MUSICALS							
1847 N. ALABAMA ST. INDIANAPOLIS, IN 46202	356028411	501(C)(3)	10,000.				PROGRAM SUPPORT
(11) FOREST MANOR MULTI-SERVICE CENTER							
5603 E. 38TH ST. INDIANAPOLIS, IN 46218	351420208	501(C)(3)	95,500.				PROGRAM SUPPORT
(12) FOUNDATION FOR YOUTH							
405 HOPE AVE. COLUMBUS, IN 47201	350873340	501(C)(3)	16,250.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and g	overnment o	organizations liste	ed in the line 1 tabl	e		▶	
3 Enter total number of other organizations liste	ed in the line	1 table			<u> </u>	<u></u> ▶	

JSA

3E1288 1 000

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

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Department of the Treasury Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) EC section (d) Amount of each duplicated if additional space is needed. 1 (a) Name and address of organization or government. (b) EIN (c) EC section (d) Amount of each duplicated if additional space is needed. (c) grants and Dorther Fig. NEW YORK, NY 10001 113451703 501(c)(3) 5,500. (d) Amount of each substance or grants and the process of organization or government. (e) grants and process grants and the grants of expenditure of grants and complete grants or grants and expensive process grants. (f) grants and Other Fig. NEW YORK, NY 10001 113451703 501(c)(3) 5,500. (g) Amount of each substance or grants and expensive grants an	Part I General Information on Grants and		<u> </u>				35-1793680)
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization of government (b) EIN (c) RC section (d) Amount of cesh (e) Amount of non-cesh assistance (c) PARCTURED ATLAS (148 N. 35th St. 10th FL. New YOR, NY 10001 113451703 501(c)(3) 5.500. (2) PERMILLE PROJUCTION FOUNDATION (3) PREPRILLE PROJUCTION FOUNDATION (4) PERMILLE PROJUCTION FOUNDATION (5) FREPRILLE PROJUCTION FOUNDATION (4) PERMILLE PROJUCTION FOUNDATION (5) PROGRAM SUPPORT (4) PERMILLE PROJUCTION FOUNDATION (5) PROGRAM SUPPORT (6) PROJUCTION FOUNDATION IN 46259 162748830 501(c)(3) 34.130. (6) PROJUCTION FOUNDATION IN 46259 162748830 501(c)(3) 34.130. (7) PROGRAM SUPPORT (6) FOND FOR BOOSTER EXCELLENCE, INC. (6) FOND FOR BOOSTER EXCELLENCE, INC. (7) PROGRAM SUPPORT (7) PROGRAM SUPPORT (8) SUPPORT SUPPORT (8) SUPPORT SUPPORT SUPPORT (8) SUPPORT SUP	 Does the organization maintain records to su the selection criteria used to award the grants Describe in Part IV the organization's proced 	bstantiate th or assistanc ures for mon	e amount of the e? nitoring the use o	of grant funds in the	United States.			
(1) FRACTURED ATLAS 248 W. 35TI ST. 10TH FL. NEW YORK, NY 10001 113451703 501(C)(3) \$,500. (2) FRANCHIN TOWNSHIP EDUCATION FORMATION 6141 S. FRANKLIN RD. INDIANAPOLIS, IN 46259 35200204 501(C)(3) 34.330. (3) FREPWHELLIN COMMUNITY BIKES 7.0. BOX 33002 INDIANAPOLIS, IN 46203 352066980 501(C)(3) 46.583. (4) FRIENDS OF GRAFFIELD PARK, INC. P.O. BOX 33002 INDIANAPOLIS, IN 46203 352066980 501(C)(3) 311,700. (5) FRIENDS OF HOLLIDBY PARK, INC. P.O. BOX 33002 INDIANAPOLIS, IN 46203 351816648 501(C)(3) 311,700. (6) FRIENDS FROM MOSTER EXCELLENCE, INC. P.O. BOX 97 INDIANAPOLIS, IN 46206 351816648 501(C)(3) 30,000. (7) SATEMAY TO COLLEGE EXCELLENCE, LINC. SAGS SPRING MILL RD. INDIANAPOLIS, IN 46206 320237828 501(C)(3) 30,000. (8) GENERALAT FREE CLINIC 615 N. ALABAMA ST. GROUND FLOOK, STE. B 351775518 501(C)(3) 91,273. (9) SIRLS INCORPORATED OF GRAFIE INDIANAPOLIS, IN 46205 351337205 501(C)(3) 17,500. 90 SIRLS INCORPORATED OF GRAFIE INDIANAPOLIS, IN 46206 351337205 501(C)(3) 17,500. 90 SIRLS INCORPORATED OF GRAFIE INDIANAPOLIS, IN 46205 351337205 501(C)(3) 17,500. 91 SIRLS INCORPORATED OF GRAFIE INDIANAPOLIS, IN 46205 351337205 501(C)(3) 17,500. 91 SIRLS INCORPORATED OF GRAFIE INDIANAPOLIS, IN 46205 351337205 501(C)(3) 17,500. 91 SIRLS INCORPORATED OF SIRLSYLLLE/SIRLBY CO. 90 S. MILLER ST. INDIANAPOLIS, IN 46205 351337205 501(C)(3) 10,000. 91 SIRLS INCORPORATED OF SIRLSYLLLE/SIRLBY CO. 90 S. MILLER ST. INDIANAPOLIS, IN 46205 351337205 501(C)(3) 10,000. 91 SIRLS INCORPORATED OF SIRLSYLLLE/SIRLBY CO. 90 S. MILLER ST. INDIANAPOLIS, IN 46205 351337205 501(C)(3) 10,000. 91 SIRLS INCORPORATED OF SIRLSYLLLE/SIRLBY CO. 90 S. MILLER ST. INDIANAPOLIS, IN 46205 351337205 501(C)(3) 10,000. 91 SIRLS INCORPORATED OF SIRLSYLLLE/SIRLBY CO. 91 SI	Part II Grants and Other Assistance to G Part IV, line 21, for any recipient th	overnment at received	s and Organiz more than \$5,	ations in the Unit 000. Part II can b	ed States. Come duplicated if a	plete if the organiz dditional space is n	ation answered "Y eeded.	es" to Form 990,
248 N. 35TH ST. 10TH FL. NEW YORK, NY 10001 113451703 501(C)(3) 5,500. (2) FRANKLIN TOWNSHIP BUCGTION FOUNDATION 5014 S. PROGRAM SUPPORT 5014 S. PRANKLIN RD. INDIANAPOLIS, IN 46259 35200204 501(C)(3) 34,130. (3) FREMERELIN', COMMONITY BIKES 535200204 501(C)(3) 9,240. (4) FRIENDS OF GARFIELD PARK, INC. PROGRAM SUPPORT 50,000 3002 INDIANAPOLIS, IN 46205 263748830 501(C)(3) 46,683. (5) FRIENDS OF HOLLIDAY PARK, INC. PROGRAM SUPPORT 50,000 3002 INDIANAPOLIS, IN 46203 351816648 501(C)(3) 311,700. (6) FUND FOR HOOSIER EXCELLENCE, INC. PROGRAM SUPPORT 50,000 97 INDIANAPOLIS, IN 46206 351579672 501(C)(3) 30,000. (7) GATERAY TO COLLEGE NATIONAL NETWORK 529 SE GRAND AVE. SUITE 300 320237828 501(C)(3) 40,000. (8) GENERARET FEER CLINIC 515 N. ALBBAMA ST. GROUND FLORE, STE. B 351776518 501(C)(3) 91,373. (9) GEILS INCORPORATED OF GRAFTE INDIANAPOLIS 71, 100 ALBBAMA ST. GROUND FLORE, STE. B 351776518 501(C)(3) 17,500. (10) GERLS INCORPORATED OF GRAFTE INDIANAPOLIS 71, 100 ALBBAMA ST. GROUND FLORE, STE. B 351776518 501(C)(3) 17,500. (11) GIVE HOPE, FIGHT POYERT 71 ALBBAMA ST. INDIANAPOLIS 71 NEED 72 STEED 7		(b) EIN				(f) Method of valuation (book, FMV, appraisal, other)		
(2) FRANKLIN TOWNSHIP EDUCATION FOUNDATION 6141 S. PRANKLIN RD. INDIANAPOLIS, IN 46259 3525 N. CENTRAL AVE. INDIANAPOLIS, IN 46259 3525 N. CENTRAL AVE. INDIANAPOLIS, IN 46205 263748830 501(C)(3) 9,240. PROGRAM SUPPORT 46) FRIENDS OF GARPIELD PARK, INC. P.O. BOX 33002 INDIANAPOLIS, IN 46203 35266980 501(C)(3) 31,700. PROGRAM SUPPORT 6363 SPRING MILL RD. INDIANAPOLIS, IN 46200 351816648 501(C)(3) 31,700. PROGRAM SUPPORT 6665 SPRING MILL RD. INDIANAPOLIS, IN 46200 351816648 501(C)(3) 31,700. PROGRAM SUPPORT 670 GATEMAY TO COLLEGE EXCELLENCE, INC. P.O. BOX 97 INDIANAPOLIS, IN 46206 529 SE GRAND AVE. SUITS 300 320237828 501(C)(3) 40,000. PROGRAM SUPPORT 6815 N. ALABAMA ST. GROUND FLOOR, STE. B 351776518 501(C)(3) 91,373. PROGRAM SUPPORT 6915 N. ALABAMA ST. GROUND FLOOR, STE. B 351776518 501(C)(3) 91,373. PROGRAM SUPPORT 101) GIPLS INCORPORATED OF GREATER INDIANAPOLIS, IN 46208 3351 N. MERIDIAN ST. INDIANAPOLIS, IN 46208 351277849 501(C)(3) 3737 WALDEBRIS ST. SHALBAYVILLE, IN 46176 351277849 501(C)(3) 10,000. PROGRAM SUPPORT 102 GIFLS INCORPORATED OF SHELDIYULLE/SHELDY CO. 904 S. MILLER ST. SHELBAYVILLE, IN 46176 351277849 501(C)(3) 10,000. PROGRAM SUPPORT 102 GIFLS INCORPORATED OF SHELDIYULLE/SHELDY CO. 904 S. MILLER ST. SHELBAYVILLE, IN 46176 351277849 501(C)(3) 10,000. PROGRAM SUPPORT 102 GIFLS INCORPORATED OF SHELDIYULLE/SHELDY CO. 904 S. MILLER ST. SHELBAYVILLE, IN 46176 351277849 501(C)(3) 10,000. PROGRAM SUPPORT 102 GIFLS INCORPORATED OF SHELDIYULLE/SHELDY CO. 904 S. MILLER ST. SHELBAYVILLE, IN 46176 351277849 501(C)(3) 10,000. PROGRAM SUPPORT 103 GIFLS INCORPORATED OF SHELDIYULLE/SHELDY CO. 904 S. MILLER ST. SHELBAYVILLE, IN 46208 351277849 501(C)(3) 10,000. PROGRAM SUPPORT 103 GIFLS INCORPORATED OF SHELDIYULLE/SHELDY CO. 905 S. MILLER ST. SHELBAYVILLE, IN 46208 351277849 501(C)(3) 10,000. PROGRAM SUPPORT 103 GIFLS INCORPORATED OF SHELDIYULLE/SHELDY CO. 904 S. MILLER ST. SHELBAYVILLE, IN 46208 351277849 501(C)(3) 10,000. PROGRAM SUPPORT 103 GIFLS INCORPORATED OF SHELDIYULLE/SHELDY CO. 905 S.	(1) FRACTURED ATLAS							
6141 S. FRANKLIN RD. INDIANAPOLIS, IN 46259 35200204 S01(C)(3) 34,130. (3) FREWHEELIN COMMUNITY BIKES. 3355 N. CENTRAL AVE. INDIANAPOLIS, IN 46205 263748830 S01(C)(3) 9,240. (4) FRIENDS OF GARPIFELD PARK, INC. p. O. BOX 33002 INDIANAPOLIS, IN 46203 352066980 501(C)(3) 46,683. (5) FRIENDS OF JOULIDAY PARK, INC. 56363 SPRING MILL RD. INDIANAPOLIS, IN 46260 351816648 S01(C)(3) 311,700. (6) FUND FOR MOOSIER EXCELLENCE, INC. p. O. BOX 97 INDIANAPOLIS, IN 46206 351579672 501(C)(3) 30,000. PROGRAM SUPPORT (7) GATEMAY TO COLLEGE NATIONAL NETWORK 529 SS GRAND AVE. SUITE 300 320237828 501(C)(3) 40,000. (8) GENNESSARET FREE CLINIC 615 N. ALABAMA ST. GROUND FLOOR, STE. B 351776518 501(C)(3) 91,373. (9) GIRLS INCORPORATED OF GREATER INDIANAPOLIS, IN 46208 351337205 501(C)(3) 17,500. PROGRAM SUPPORT (10) GIRLS INCORPORATED OF SHELBYVILLE, SHELBY CO 904 S. MILLER ST. SHELBYVILLE, IN 46176 351277849 501(C)(3) 1,500. PROGRAM SUPPORT (11) GIVE HODE, FIGHT POVERTY 2436 N. ALABAMA ST. INDIANAPOLIS, IN 46205 452359200 501(C)(3) 149,055. 2 Enter total number of section 501(C)(3) and government organizations listed in the line 1 table ▶	248 W. 35TH ST. 10TH FL. NEW YORK, NY 10001	113451703	501(C)(3)	5,500.				PROGRAM SUPPORT
(3) FREWHEELIN' COMMUNITY RIKES 3355 N. CENTRAL AVE. INDIANAPOLIS, IN 46205 4(4) FRIENDS OF GARFIELD FARK, INC. P.O. BOX 33002 INDIANAPOLIS, IN 46203 551(C)(3) 46,683. PROGRAM SUPPORT (5) FRIENDS OF HOLLIDAY PARK, INC. 6363 SPRING MILL RD. INDIANAPOLIS, IN 46260 551816648 501(C)(3) 311,700. PROGRAM SUPPORT (6) FUND FOR HOOSIER EXCELLENCE, INC. P.O. BOX 97 INDIANAPOLIS, IN 46206 351879672 501(C)(3) 30,000. PROGRAM SUPPORT (7) GATEWAY TO COLLEGE NATIONAL NETWORK 529 SE GRAND AVE. SUITE 300 320237828 501(C)(3) 30,000. PROGRAM SUPPORT (8) GENNESARET FREE CLINIC 615 N. ALABAMA ST. GROUND FLOOR, STE. B 351776518 501(C)(3) 91,373. PROGRAM SUPPORT (9) GIRLS, INCOPPORATED OF GREATER INDIANAPOLIS. 3935 N. MERIDIAN ST. INDIANAPOLIS, IN 46208 51837205 501(C)(3) 17,500. PROGRAM SUPPORT (10) GIRLS, INCOPPORATED OF GREATER INDIANAPOLIS. 904 S. MILLER ST. SHELBYVILLE, SHELBY CO. 905 SERVER FOOD RANK OF INDIANAPOLIS, IN 46205 452359200 501(C)(3) 10,000. PROGRAM SUPPORT (11) GIVE MOOR, FIGHT POVERTY 2436 N. ALABAMA ST. INDIANAPOLIS, IN 46205 3737 MALDEMBER AVE. 3737 MALDEMBER AVE. 3737 MALDEMBER AVE. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(2) FRANKLIN TOWNSHIP EDUCATION FOUNDATION							
3355 N. CENTRAL AVE. INDIANAPOLIS, IN 46205 263748830 501(C)(3) 9,240. [4] FRIENDS OF GARFIELD PARK, INC. P.O. BOX 33002 INDIANAPOLIS, IN 46203 352066980 501(C)(3) 46,683. [5] FRIENDS OF HOLLIDAY PARK, INC. 6363 SERINS MILL RD. INDIANAPOLIS, IN 46260 351816648 501(C)(3) 311,700. PROGRAM SUPPORT [6] FUND FOR HOOSIRE EXCELLENCE, INC. P.O. BOX 97 INDIANAPOLIS, IN 46206 351579672 501(C)(3) 30,000. PROGRAM SUPPORT [7] GATEWAY TO COLLEGE NATIONAL NETWORK 529 SE GRAND AVE. SUITE 300 320237828 501(C)(3) 40,000. [8] GENNESARET FREE CLINIC. 615 N. ALABAMA ST. GROUND FLOOR, STE. B 351776518 501(C)(3) 91,373. [9] GIRLS INCORPORATED OF GREATER INDIANAPOLIS, IN 46206 351337205 501(C)(3) 17,500. 904 S. MILLER ST. SHELBYVILLE, IN 46176 351277849 501(C)(3) 25,000. PROGRAM SUPPORT [10] GIVE HOPE, FIGHT POVERTY 2436 N. ALABAMA ST. INDIANAPOLIS, IN 46205 452359200 501(C)(3) 10,000. 2 Enter total number of section 501(C)(3) and government organizations listed in the line 1 table ▶	6141 S. FRANKLIN RD. INDIANAPOLIS, IN 46259	352000204	501(C)(3)	34,130.				PROGRAM SUPPORT
[4] FRIENDS OF GARFIELD PARK, INC. P.O. BOX 3302 INDIANAPOLIS, IN 46203 352066980 501(C)(3) 46,683. [5] FRIENDS OF HOLLIDAY PARK, INC. 6363 SPRING MILL RD. INDIANAPOLIS, IN 46260 351816648 501(C)(3) 311,700. [6] FUND FOR HOOSIER EXCELLENCE, INC. P.O. BOX 97 INDIANAPOLIS, IN 46206 351579672 501(C)(3) 30,000. [7] GATEWAY TO COLLEGE NATIONAL NETWORK 529 SE GRAND AVE. SUITE 300 320237828 501(C)(3) 40,000. [8] GENNESARET FREE CLINIC 615 N. ALABAMA ST. GROUND FLOOR, STE. B 351776518 501(C)(3) 91,373. [9] GIRLS INCORPORATED OF GREATER INDIANAPOLIS. 3935 N. MERIDIAN ST. INDIANAPOLIS, IN 46208 351337205 501(C)(3) 17,500. 904 S. MILLER ST. SRELBYVILLE/SHELBY CO 904 S. MILLER ST. SRELBYVILLE, IN 46176 351277849 501(C)(3) 25,000. PROGRAM SUPPORT (11) GIVE HOPE, FIGHT POVERTY 2436 N. ALABAMA ST. INDIANAPOLIS, IN 46205 452359200 501(C)(3) 10,000. 25 ENERT HOPE OF DRANK OF INDIANAPOLIS, IN 46205 452359200 501(C)(3) 149,055. PROGRAM SUPPORT	(3) FREEWHEELIN' COMMUNITY BIKES							
P.O. BOX 33002 INDIANAPOLIS, IN 46203 352066980 501(C)(3) 46,683. PROGRAM SUPPORT (5) FRIENDS OF HOLLIDAY PARK, INC. 6363 SPRING MILL RD. INDIANAPOLIS, IN 46260 351816648 501(C)(3) 311,700. PROGRAM SUPPORT (6) FUND FOR HOOSIER EXCELLENCE, INC. P.O. BOX 97 INDIANAPOLIS, IN 46206 351579672 501(C)(3) 30,000. PROGRAM SUPPORT (7) GATEWAY TO COLLEGE NATIONAL NETWORK 529 SE GRAND AVE. SUITE 300 320237828 501(C)(3) 40,000. PROGRAM SUPPORT (8) GENNESARET FREE CLINIC 615 N. ALABAMA ST. GROUND FLOOR, STE. B 351776518 501(C)(3) 91,373. PROGRAM SUPPORT (9) GIRLS INCORPORATED OF GREATER INDIANAPOLIS, IN 46208 351337205 501(C)(3) 17,500. PROGRAM SUPPORT (10) GIRLS INCORPORATED OF SHELBYVILLE/SHELBY CO. 904 S. MILLER ST. SHELBYVILLE, IN 46176 351277849 501(C)(3) 25,000. PROGRAM SUPPORT (11) GIVE HOPE, FIGHT POVERTY 2436 N. ALABAMA ST. INDIANAPOLIS, IN 46205 452359200 501(C)(3) 10,000. PROGRAM SUPPORT (12) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE. 35148368 501(C)(3) 149,055. PROGRAM SUPPORT	3355 N. CENTRAL AVE. INDIANAPOLIS, IN 46205	263748830	501(C)(3)	9,240.				PROGRAM SUPPORT
(5) FRIENDS OF HOLLIDAY PARK, INC. 6363 SPRING MILL RD. INDIANAPOLIS, IN 46260 351816648 501(C)(3) 311,700. PROGRAM SUPPORT P.O. BOX 97 INDIANAPOLIS, IN 46206 351579672 501(C)(3) 30,000. PROGRAM SUPPORT (7) GATEWAY TO COLLEGE NATIONAL NETWORK 529 SE GRAND AVE. SUITE 300 320237828 501(C)(3) 40,000. PROGRAM SUPPORT (8) GENNESARET FREE CLINIC 615 N. ALABAMA ST. GROUND FLOOR, STE. B 3935 N. MERIDIAN ST. INDIANAPOLIS 3935 N. MERIDIAN ST. INDIANAPOLIS, IN 46208 351337205 501(C)(3) 17,500. PROGRAM SUPPORT (10) GIRLS INCORPORATED OF GREATER INDIANAPOLIS 904 S. MILLER ST. SHELBYVILLE/SHELBY CO 904 S. MILLER ST. SHELBYVILLE, IN 46176 351277849 501(C)(3) 25,000. PROGRAM SUPPORT (11) GIVE HOPE, FIGHT POVERTY 2436 N. ALABAMA ST. INDIANAPOLIS, IN 46205 452359200 501(C)(3) 10,000. PROGRAM SUPPORT (12) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE. 351483868 501(C)(3) 149,055. PROGRAM SUPPORT	(4) FRIENDS OF GARFIELD PARK, INC.							
6363 SPRING MILL RD. INDIANAPOLIS, IN 46260 351816648 501(C)(3) 311,700. PROGRAM SUPPORT (6) FUND FOR HOOSIER EXCELLENCE, INC. P.O. BOX 97 INDIANAPOLIS, IN 46206 351579672 501(C)(3) 30,000. PROGRAM SUPPORT (7) GATEWAY TO COLLEGE NATIONAL NETWORK 529 SE GRAND AVE. SUITE 300 320237828 501(C)(3) 40,000. (8) GENNESARET FREE CLINIC 615 N. ALABAMA ST. GROUND FLOOR, STE. B 351776518 501(C)(3) 91,373. PROGRAM SUPPORT (9) GIRLS INCORPORATED OF GREATER INDIANAPOLIS, IN 46208 351337205 501(C)(3) 17,500. PROGRAM SUPPORT (10) GIRLS INCORPORATED OF SHELBYVILLE/SHELBY CO 904 S. MILLER ST. SHELBYVILLE, IN 46176 351277849 501(C)(3) 25,000. PROGRAM SUPPORT (11) GIVE HOPE, FIGHT FOVERTY 2436 N. ALABAMA ST. INDIANAPOLIS, IN 46205 452359200 501(C)(3) 10,000. (12) GLEANERS FOOD BANK OF INDIANA_ INC. 3737 WALDEWERS FOOD BANK OF INDIANA_ INC. 3737 WALDEWERS FOOD BANK OF INDIANA_ INC. 510 STATE HOLD INDIANAL INC. 9 PROGRAM SUPPORT 10 STATE HOLD INDIANAL INC. 10 STATE HOLD INDIANAL INC. 10 PROGRAM SUPPORT 11 STATE HOLD INDIANAL INC. 12 STATE HOLD INDIANAL INC. 13 STATE HOLD INDIANAL INC. 14 PROGRAM SUPPORT 15 PROGRAM SUPPORT	P.O. BOX 33002 INDIANAPOLIS, IN 46203	352066980	501(C)(3)	46,683.				PROGRAM SUPPORT
	(5) FRIENDS OF HOLLIDAY PARK, INC.							
P.O. BOX 97 INDIANAPOLIS, IN 46206 351579672 501(C)(3) 30,000. PROGRAM SUPPORT [7] GATEWAY TO COLLEGE NATIONAL NETWORK 529 SE GRAND AVE. SUITE 300 320237828 501(C)(3) 40,000. PROGRAM SUPPORT [8] GENNESARET FREE CLINIC 615 N. ALABAMA ST. GROUND FLOOR, STE. B 351776518 501(C)(3) 91,373. PROGRAM SUPPORT [9] GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N. MERIDIAN ST. INDIANAPOLIS, IN 46208 351337205 501(C)(3) 17,500. PROGRAM SUPPORT [10] GIRLS INCORPORATED OF SHELBYVILLE/SHELBY CO 904 S. MILLER ST. SHELBYVILLE, IN 46176 351277849 501(C)(3) 25,000. PROGRAM SUPPORT [11] GIVE HOPE, FIGHT POVERTY 2436 N. ALABAMA ST. INDIANAPOLIS, IN 46205 452359200 501(C)(3) 10,000. PROGRAM SUPPORT [12] GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE. 351483868 501(C)(3) 149,055. PROGRAM SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	6363 SPRING MILL RD. INDIANAPOLIS, IN 46260	351816648	501(C)(3)	311,700.				PROGRAM SUPPORT
(7) GATEWAY TO COLLEGE NATIONAL NETWORK 529 SE GRAND AVE. SUITE 300 320237828 501(C)(3) 40,000. PROGRAM SUPPORT 615 N. ALABAMA ST. GROUND FLOOR, STE. B 351776518 501(C)(3) 91,373. PROGRAM SUPPORT (9) GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N. MERIDIAN ST. INDIANAPOLIS, IN 46208 904 S. MILLER ST. SHELBYVILLE, IN 46176 351277849 501(C)(3) 25,000. PROGRAM SUPPORT (11) GIVE HOPE, FIGHT POVERTY 2436 N. ALABAMA ST. INDIANAPOLIS, IN 46205 452359200 501(C)(3) 10,000. PROGRAM SUPPORT (12) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE. 351483868 501(C)(3) 149,055. PROGRAM SUPPORT	(6) FUND FOR HOOSIER EXCELLENCE, INC.							
(7) GATEWAY TO COLLEGE NATIONAL NETWORK 529 SE GRAND AVE. SUITE 300 320237828 501(C)(3) 40,000. PROGRAM SUPPORT 615 N. ALABAMA ST. GROUND FLOOR, STE. B 351776518 501(C)(3) 91,373. PROGRAM SUPPORT (9) GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N. MERIDIAN ST. INDIANAPOLIS, IN 46208 904 S. MILLER ST. SHELBYVILLE, IN 46176 351277849 501(C)(3) 25,000. PROGRAM SUPPORT (11) GIVE HOPE, FIGHT POVERTY 2436 N. ALABAMA ST. INDIANAPOLIS, IN 46205 452359200 501(C)(3) 10,000. PROGRAM SUPPORT (12) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE. 351483868 501(C)(3) 149,055. PROGRAM SUPPORT	P.O. BOX 97 INDIANAPOLIS, IN 46206	351579672	501(C)(3)	30,000.				PROGRAM SUPPORT
529 SE GRAND AVE. SUITE 300 320237828 501(C)(3) 40,000. PROGRAM SUPPORT 615 N. ALABAMA ST. GROUND FLOOR, STE. B 351776518 351776518 501(C)(3) 91,373. PROGRAM SUPPORT (10) GIRLS INCORPORATED OF GREATER INDIANAPOLIS. 904 S. MILLER ST. SIELBYVILLE, IN 46176 351277849 501(C)(3) 25,000. PROGRAM SUPPORT (11) GIVE HOPE, FIGHT POVERTY 2436 N. ALABAMA ST. INDIANAPOLIS, IN 46205 452359200 501(C)(3) 10,000. PROGRAM SUPPORT (12) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE. 351483868 501(C)(3) 40,000. PROGRAM SUPPORT 10,000. PROGRAM SUPPORT 149,055.								
(8) GENNESARET FREE CLINIC 615 N. ALABAMA ST. GROUND FLOOR, STE. B 351776518 501(C)(3) 91,373. PROGRAM SUPPORT (9) GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N. MERIDIAN ST. INDIANAPOLIS, IN 46208 351337205 501(C)(3) 17,500. PROGRAM SUPPORT (10) GIRLS INCORPORATED OF SHELBYVILLE/SHELBY CO 904 S. MILLER ST. SHELBYVILLE, IN 46176 351277849 501(C)(3) 25,000. PROGRAM SUPPORT (11) GIVE HOPE, FIGHT POVERTY 2436 N. ALABAMA ST. INDIANAPOLIS, IN 46205 452359200 501(C)(3) 10,000. PROGRAM SUPPORT (12) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE. 351483868 501(C)(3) 149,055. PROGRAM SUPPORT		320237828	501(C)(3)	40,000.				PROGRAM SUPPORT
615 N. ALABAMA ST. GROUND FLOOR, STE. B 351776518 501(C)(3) 91,373. PROGRAM SUPPORT (9) GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N. MERIDIAN ST. INDIANAPOLIS, IN 46208 351337205 501(C)(3) 17,500. (10) GIRLS INCORPORATED OF SHELBYVILLE/SHELBY CO 904 S. MILLER ST. SHELBYVILLE, IN 46176 351277849 501(C)(3) 25,000. (11) GIVE HOPE, FIGHT POVERTY 2436 N. ALABAMA ST. INDIANAPOLIS, IN 46205 452359200 501(C)(3) 10,000. PROGRAM SUPPORT (12) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE. 351483868 501(C)(3) 149,055. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	4-1			, , , , , , , , , , , , , , , , , , , ,				
(9) GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N. MERIDIAN ST. INDIANAPOLIS, IN 46208 351337205 501(C)(3) 17,500. PROGRAM SUPPORT 904 S. MILLER ST. SHELBYVILLE, IN 46176 351277849 501(C)(3) 25,000. (11) GIVE HOPE, FIGHT POVERTY 2436 N. ALABAMA ST. INDIANAPOLIS, IN 46205 452359200 501(C)(3) 10,000. (12) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE. 351483868 501(C)(3) 149,055. PROGRAM SUPPORT PROGRAM SUPPORT		351776518	501 (C) (3)	91.373.				PROGRAM SUPPORT
3935 N. MERIDIAN ST. INDIANAPOLIS, IN 46208 351337205 501(C)(3) 17,500. PROGRAM SUPPORT (10) GIRLS INCORPORATED OF SHELBYVILLE/SHELBY CO 904 S. MILLER ST. SHELBYVILLE, IN 46176 351277849 501(C)(3) 25,000. PROGRAM SUPPORT (11) GIVE HOPE, FIGHT POVERTY 2436 N. ALABAMA ST. INDIANAPOLIS, IN 46205 452359200 501(C)(3) 10,000. PROGRAM SUPPORT (12) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE. 351483868 501(C)(3) 149,055. PROGRAM SUPPORT Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	· · · · · · · · · · · · · · · · · · ·			,				
(10) GIRLS INCORPORATED OF SHELBYVILLE/SHELBY CO 904 S. MILLER ST. SHELBYVILLE, IN 46176 351277849 501(C)(3) 25,000. PROGRAM SUPPORT 2436 N. ALABAMA ST. INDIANAPOLIS, IN 46205 452359200 501(C)(3) 10,000. PROGRAM SUPPORT (12) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE. 351483868 501(C)(3) 149,055. PROGRAM SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		351337205	501(C)(3)	17.500				PROGRAM SUPPORT
904 S. MILLER ST. SHELBYVILLE, IN 46176 351277849 501(C)(3) 25,000. PROGRAM SUPPORT 2436 N. ALABAMA ST. INDIANAPOLIS, IN 46205 452359200 501(C)(3) 10,000. PROGRAM SUPPORT (12) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE. 351483868 501(C)(3) 149,055. PROGRAM SUPPORT PROGRAM SUPPORT		331337203	301(0)(3)	17,500.				THOUGHT BOTTON
(11) GIVE HOPE, FIGHT POVERTY 2436 N. ALABAMA ST. INDIANAPOLIS, IN 46205 452359200 501(C)(3) 10,000. PROGRAM SUPPORT (12) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE. 351483868 501(C)(3) 149,055. PROGRAM SUPPORT Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		351277849	501 (C) (3)	25.000				PROGRAM SUPPORT
2436 N. ALABAMA ST. INDIANAPOLIS, IN 46205 452359200 501(C)(3) 10,000. (12) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE. 351483868 501(C)(3) 149,055. PROGRAM SUPPORT Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	·	331177013	301(0)(3)	2570001				THOUGHT BOTTON
(12) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE. 351483868 501(C)(3) 149,055. PROGRAM SUPPORT Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		452359200	501(C)(3)	10 000				DROGRAM STIDDORT
3737 WALDEMERE AVE. 351483868 501(C)(3) 149,055. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		132333200	301(0)(3)	10,000.				PROGRAM DOLLOKE
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		351483860	501(C)(3)	149 055				DDOGDVW SIIDDODA
2 Enter total number of other organizations listed in the line 1 toble					e	l	<u> </u>	FROGRAM SUPPORT
	3 Enter total number of other organizations liste	ed in the line	1 table		~			

JSA

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

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATI		35-1793680					
Part I General Information on Grants and	Assistance	е					
1 Does the organization maintain records to sul	bstantiate th	e amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and	
the selection criteria used to award the grants	or assistand	e?					X Yes No
2 Describe in Part IV the organization's procedu	ures for mor	nitoring the use of	grant funds in the	United States.			
Part II Grants and Other Assistance to G					plete if the organiz	ration answered "Y	es" to Form 990
Part IV, line 21, for any recipient the	at received	more than \$5,0	00. Part II can b	e duplicated if a	dditional space is n	eeded.	
	1	T		T	T	T	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GLOBAL PEACE INITIATIVES							
P.O. BOX 11593 INDIANAPOLIS, IN 46201	204019399	501(C)(3)	30,000.				PROGRAM SUPPORT
(2) GOBIN MEMORIAL UNITED METHODIST CHURCH							
609 RIDGE AVE. GREENCASTLE, IN 46135	350868014	RELIGIOUS ORGAN	15,000.				PROGRAM SUPPORT
(3) GOODMAN THEATRE							
170 N. DEARBORN ST. CHICAGO, IL 60601	362896025	501(C)(3)	75,000.				PROGRAM SUPPORT
(4) GOODWILL INDUSTRIES OF CENTRAL INDIANA, INC							
1635 W. MICHIGAN ST.	350893506	501(C)(3)	26,000.				PROGRAM SUPPORT
(5) GRAMEEN AMERICA							
1460 BROADWAY 14TH FLOOR NEW YORK, NY 10036	208497991	501(C)(3)	103,000.				PROGRAM SUPPORT
(6) GREAT COMMISSION CHURCH OF GOD							
3302 N. ARSENAL AVE. INDIANAPOLIS, IN 46218	351924664	501(C)(3)	20,000.				PROGRAM SUPPORT
(7) GREATER INDIANAPOLIS PROGRESS COMMITTEE							
DEPARTMENT OF PUBLIC SAFETY 200 E WASHINGTO	351109966	501(C)(3)	42,400.				PROGRAM SUPPORT
(8) GUIDANCE LIFE SKILLS & MENTORING G.L.A.M.							
111 E. 16TH ST. STE. 106	451072642	501(C)(3)	20,000.				PROGRAM SUPPORT
(9) HABITAT FOR HUMANITY OF GREATER INDIANAPOLI							
1011 E. 22ND ST. INDIANAPOLIS, IN 46202	351715910	501(C)(3)	7,000.				PROGRAM SUPPORT
(10) HAMDARD CENTER FOR HEALTH & HUMAN SERVICES							
228 E. LAKE ST. SUITE 300 ADDISON, IL 60101	363917885	501(C)(3)	100,000.				PROGRAM SUPPORT
(11) HAPPY HOLLOW CHILDREN'S CAMP, INC.							
615 N. ALABAMA ST. SUITE 228	350942648	501(C)(3)	10,000.				PROGRAM SUPPORT
(12) HARMONIE ASSOCIATES							
P.O. BOX 114 NEW HARMONY, IN 47631	351107764	501(C)(3)	19,300.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and g	overnment o	organizations liste	ed in the line 1 tab	le		▶	
3 Enter total number of other organizations liste	ed in the line	1 table					

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

Department of the Treasury

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

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

Internal Revenue Service

Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATI		35-1793680					
Part I General Information on Grants and	Assistance	е				•	
1 Does the organization maintain records to sul	ostantiate th	e amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and	
the selection criteria used to award the grants							X Yes No
2 Describe in Part IV the organization's procedu							
Part II Grants and Other Assistance to G	overnment	s and Organiza	tions in the Unit	ed States Com	nlete if the organiz	ration answered "Y	es" to Form 990
Part IV, line 21, for any recipient the	at received	more than \$5.0	00. Part II can b	e duplicated if a	dditional space is n	eeded.	C5 10 1 01111 000;
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HARRISON CENTER FOR THE ARTS, INC.							
1505 NORTH DELAWARE INDIANAPOLIS, IN 46202	010798626	501(C)(3)	75,700.				PROGRAM SUPPORT
(2) HARVEST MISSIONARY BAPTIST CHURCH							
1914 S. STATE RD. 267 AVON, IN 46123	351984626	RELIGIOUS ORGAN	6,219.				PROGRAM SUPPORT
(3) HARVESTERS REACHING THE NATIONS, INC.							
2001 W. PLANO PKWY. SUITE 3432	392017746	501(C)(3)	108,000.				PROGRAM SUPPORT
_(4) HAWTHORNE COMMUNITY CENTER							
2440 W. OHIO ST. INDIANAPOLIS, IN 46222	350874274	501(C)(3)	148,000.				PROGRAM SUPPORT
(5) HEALTH AND SCIENCE INNOVATIONS INC.							
2045 RAMA DR. SUITE 110	452836061	501(C)(3)	10,000.				PROGRAM SUPPORT
(6) HEALTHNET, INC.							
3403 E. RAYMOND ST. INDIANAPOLIS, IN 46203	351579827	501(C)(3)	59,080.				PROGRAM SUPPORT
_(7) HEARTLAND ACTOR'S REPERTORY THEATRE							
5760 N. KEYSTONE AVE.	562609331	501(C)(3)	10,600.				PROGRAM SUPPORT
(8) HEARTLAND TRULY MOVING PICTURES							
1043 VIRGINIA AVE SUITE 2	351832797	501(C)(3)	7,000.				PROGRAM SUPPORT
(9) HERITAGE PRESERVATION SOCIETY OF PUTNAM COU							
P.O. BOX 163 GREENCASTLE, IN 46135	351416754	501(C)(3)	10,000.				PROGRAM SUPPORT
(10) HISTORIC WOODRUFF PLACE FOUNDATION							
735 EAST DR. WOODRUFF PLACE	351776895	501(C)(3)	8,293.				PROGRAM SUPPORT
(11) HOOSIER ENVIRONMENTAL COUNCIL							
3951 N. MERIDIAN ST. SUITE 100	351576694	501(C)(3)	46,480.				PROGRAM SUPPORT
(12) HORIZON HOUSE							
1033 E. WASHINGTON ST.	351759503	501(C)(3)	69,700.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and g	overnment o	organizations liste	ed in the line 1 tab	le			
3 Enter total number of other organizations liste	d in the line	1 table				<u> </u>	

JSA

3E1288 1 000

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

Part I General Information on Grants and		е				35-1793680)
 Does the organization maintain records to sult the selection criteria used to award the grants Describe in Part IV the organization's procedure. 	or assistanc	e?					X Yes No
Part II Grants and Other Assistance to G Part IV, line 21, for any recipient the	overnment	s and Organiza	tions in the Unit	ed States. Com	plete if the organiz dditional space is n	zation answered "Y eeded.	es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HUMANE SOCIETY OF INDIANAPOLIS							
7929 N. MICHIGAN RD. INDIANAPOLIS, IN 46268	350876385	501(C)(3)	16,300.				PROGRAM SUPPORT
(2) HUNTINGTON'S DISEASE SOCIETY OF AMERICA, IN							
P.O. BOX 30187 INDIANAPOLIS, IN 46230	351794294	501(C)(3)	10,000.				PROGRAM SUPPORT
(3) ILLINOIS VALLEY ANIMAL RESCUE							
P.O. BOX 284 PERU, IL 61354	364301632	501(C)(3)	20,100.				PROGRAM SUPPORT
_(4) IMMIGRANT WELCOME CENTER							
2236 E. 10TH ST.	203222424	501(C)(3)	49,147.				PROGRAM SUPPORT
(5) IMPROVING KIDS' ENVIRONMENT							
1915 W. 18TH ST. INDIANAPOLIS, IN 46202	200165700	501(C)(3)	7,500.				PROGRAM SUPPORT
(6) INDIANA ARTS COMMISSION							
100 N SENATE AVE RM N505	356000158	PUBLIC AGENCY	10,000.				PROGRAM SUPPORT
(7) INDIANA BALLET CONSERVATORY							
849 W. CARMEL DR. CARMEL, IN 46032	272928161	501(C)(3)	10,600.				PROGRAM SUPPORT
(8) INDIANA CANINE ASSISTANT NETWORK, INC.							
5610 CRAWFORDSVILLE RD. SUITE 2101	352144155	501(C)(3)	37,000.				PROGRAM SUPPORT
(9) INDIANA CHILDREN'S WISH FUND							
6435 CASTLEWAY W. DR. SUITE 130	351610742	501(C)(3)	10,000.				PROGRAM SUPPORT
(10) INDIANA COMMUNITY ACTION ASSOCIATION							
1845 W. 18TH ST. INDIANAPOLIS, IN 46202	351267319	501(C)(3)	31,000.				PROGRAM SUPPORT
(11) INDIANA GOLF FOUNDATION							
2625 HURRICANE RD. P.O. BOX 516	352145820	501(C)(3)	13,000.				PROGRAM SUPPORT
(12) INDIANA GRANTMAKERS ALLIANCE							
32 EAST WASHINGTON ST. 1100 SYMPHONY CENTRE	351835134	501(C)(3)	25,300.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and g			ed in the line 1 tab	e			
3 Enter total number of other organizations lists	ed in the line	1 table	<u> </u>				

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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CENTRAL INDIANA COMMUNITY FOUNDATI		35-1793680					
Part I General Information on Grants and	Assistance	е					
1 Does the organization maintain records to su	bstantiate th	e amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and	
the selection criteria used to award the grants	or assistand	e?					X Yes No
2 Describe in Part IV the organization's procedu							
Part II Grants and Other Assistance to G	overnment	s and Organiza	tions in the Unit	ed States, Com	plete if the organiz	ration answered "Y	es" to Form 990
Part IV, line 21, for any recipient th							
					·		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) INDIANA HISTORICAL SOCIETY							
450 W. OHIO ST. INDIANAPOLIS, IN 46202	350876384	501(C)(3)	25,500.				PROGRAM SUPPORT
(2) INDIANA HUMANITIES							
1500 N. DELAWARE ST.	351344382	501(C)(3)	36,960.				PROGRAM SUPPORT
(3) INDIANA LANDMARKS							
1201 CENTRAL AVE. INDIANAPOLIS, IN 46202	351162873	501(C)(3)	2,395,229.				PROGRAM SUPPORT
(4) INDIANA LATINO INSTITUTE							
P.O. BOX 1501 INDIANAPOLIS, IN 46206-1501	260036285	501(C)(3)	151,180.				PROGRAM SUPPORT
(5) INDIANA MULTIPLE SCLEROSIS FOUNDATION, INC.							
C/O KOEHLER RUXER WALKER & COMPANY 9000 KEY	352028362	501(C)(3)	10,000.				PROGRAM SUPPORT
(6) INDIANA NATIONAL ROAD ASSOCIATION							
P.O. BOX 284 CAMBRIDGE CITY, IN 47327	351948700	501(C)(3)	10,000.				PROGRAM SUPPORT
(7) INDIANA REPERTORY THEATRE, INC.							
140 W. WASHINGTON ST.	351186290	501(C)(3)	378,235.				PROGRAM SUPPORT
(8) INDIANA SPORTS CORPORATION							
201 S. CAPITOL AVE. SUITE 1200	310975117	501(C)(3)	10,293.				PROGRAM SUPPORT
(9) INDIANA STATE MUSEUM FOUNDATION, INC.							
650 W. WASHINGTON ST.	356202818	501(C)(3)	10,000.				PROGRAM SUPPORT
(10) INDIANA STATE UNIVERSITY							
FINANCIAL AID OFFICE TIREY HALL, ROOM 150		EDUCATIONAL ORG	21,600.				PROGRAM SUPPORT
(11) INDIANA UNIVERSITY FOUNDATION							
340 W. MICHIGAN ST. INDIANAPOLIS, IN 46202	356018940	501(C)(3)	2,500,403.				PROGRAM SUPPORT
(12) INDIANA UNIVERSITY SCHOOL OF EDUCATION							
902 W. NEW YORK ST. INDIANAPOLIS, IN 46202	356001673	501(C)(3)	10,000.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and g	overnment o	organizations liste	ed in the line 1 tabl	e			
3 Enter total number of other organizations lists	ed in the line	1 table					

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

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Department of the Treasury
Internal Revenue Service
Name of the organization

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2013

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CENTRAL INDIANA COMMUNITY FOUNDATION INC						35-1793680		
Part I General Information on Grants and	Assistance	е						
1 Does the organization maintain records to su	bstantiate th	e amount of the g	rants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and		
the selection criteria used to award the grants	or assistanc	e?					X Yes No	
2 Describe in Part IV the organization's procedu								
Part II Grants and Other Assistance to G	overnment	s and Organizat	tions in the Unit	ed States, Com	plete if the organiz	ation answered "Y	es" to Form 990	
Part IV, line 21, for any recipient th	at received	more than \$5,0	00. Part II can be	e duplicated if a	dditional space is n	eeded.	00 10 1 01111 000,	
	1			•	•	T	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) INDIANA YOUTH GROUP, INC.								
2943 E. 46TH ST. P.O. BOX 20716	351760451	501(C)(3)	6,500.				PROGRAM SUPPORT	
(2) INDIANA YOUTH INSTITUTE								
603 E. WASHINGTON ST. SUITE 800	311251680	501(C)(3)	44,000.				PROGRAM SUPPORT	
(3) INDIANA YOUTH SERVICES ASSOCIATION								
445 N. PENNSYLVANIA ST. SUITE 945	351481092	501(C)(3)	32,101.				PROGRAM SUPPORT	
(4) INDIANAPOLIS ALGEBRA PROJECT, INC.								
2804 QUESTEND S. DR. INDIANAPOLIS, IN 46222	352073414	501(C)(3)	25,000.				PROGRAM SUPPORT	
(5) INDIANAPOLIS ART CENTER								
820 E. 67TH ST. INDIANAPOLIS, IN 46220	351088735	501(C)(3)	245,873.				PROGRAM SUPPORT	
(6) INDIANAPOLIS CHAMBER ORCHESTRA								
4603 CLARENDON RD. SUITE 36	311132072	501(C)(3)	88,733.				PROGRAM SUPPORT	
(7) INDIANAPOLIS CHILDREN'S CHOIR								
4600 SUNSET AVE. INDIANAPOLIS, IN 46208	351690755	501(C)(3)	23,780.				PROGRAM SUPPORT	
(8) INDIANAPOLIS CITY BALLET INC.								
P.O. BOX 40567 INDIANAPOLIS, IN 46240	262051938	501(C)(3)	22,000.				PROGRAM SUPPORT	
(9) INDIANAPOLIS CONGREGATION ACTION NETWORK								
337 N. WARMAN AVE. INDIANAPOLIS, IN 46222	452349567	RELIGIOUS ORGAN	21,200.				PROGRAM SUPPORT	
(10) INDIANAPOLIS CULTURAL TRAIL, INC.								
202 E. MARKET ST INDIANAPOLIS, IN 46204	263831457	501(C)(3)	286,313.				PROGRAM SUPPORT	
(11) INDIANAPOLIS DOWNTOWN, INC.								
111 MONUMENT CIR. SUITE 1900	351877771	501(C)(3)	40,000.				PROGRAM SUPPORT	
(12) INDIANAPOLIS HEBREW CONGREGATION								
6501 N. MERIDIAN ST. INDIANAPOLIS, IN 46260	350871004	501(C)(3)	11,000.				PROGRAM SUPPORT	
2 Enter total number of section 501(c)(3) and g	overnment o	organizations liste	d in the line 1 tabl	e		▶		
3 Enter total number of other organizations liste	ed in the line	1 table						

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

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Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2013

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Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC						35-1793680		
Part I General Information on Grants and	Assistance	е				•		
1 Does the organization maintain records to sul	bstantiate th	e amount of the	rants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and		
the selection criteria used to award the grants							X Yes No	
2 Describe in Part IV the organization's procedu							_	
Part II Grants and Other Assistance to G	overnment	s and Organizat	tions in the Unit	ed States Com	nlete if the organiz	ration answered "V	es" to Form 990	
Part IV, line 21, for any recipient the							C3 10 1 01111 330,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
_(1) INDIANAPOLIS MUSEUM OF ART								
4000 N. MICHIGAN RD.	350867955	501(C)(3)	150,416.				PROGRAM SUPPORT	
(2) INDIANAPOLIS MUSEUM OF CONTEMPORARY ART								
1043 VIRGINIA AVE. SUITE 5	352155600	501(C)(3)	90,000.				PROGRAM SUPPORT	
(3) INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER								
1802 N. ILLINOIS ST.	351909230	501(C)(3)	20,216.				PROGRAM SUPPORT	
(4) INDIANAPOLIS PARKS FOUNDATION								
615 N. ALABAMA ST. SUITE 119	351860468	501(C)(3)	94,480.				PROGRAM SUPPORT	
(5) INDIANAPOLIS PUBLIC SCHOOLS								
120 E. WALNUT ST. INDIANAPOLIS, IN 46204	356002486	EDUCATIONAL ORG	134,768.				PROGRAM SUPPORT	
(6) INDIANAPOLIS SYMPHONIC CHOIR								
4600 SUNSET AVE. INDIANAPOLIS, IN 46208	356035494	501(C)(3)	15,000.				PROGRAM SUPPORT	
(7) INDIANAPOLIS SYMPHONY ORCHESTRA								
32 E. WASHINGTON ST. SUITE 600	350998627	501(C)(3)	50,171.				PROGRAM SUPPORT	
(8) INDIANAPOLIS TEN POINT COALITION								
900 W. 30TH ST. INDIANAPOLIS, IN 46208	352071975	501(C)(3)	50,000.				PROGRAM SUPPORT	
(9) INDIANAPOLIS THEATRE FRINGE FESTIVAL, INC.								
P.O. BOX 44121 INDIANAPOLIS, IN 46202	202005004	501(C)(3)	82,000.				PROGRAM SUPPORT	
(10) INDIANAPOLIS URBAN LEAGUE, INC.								
777 INDIANA AVE. INDIANAPOLIS, IN 46202	356060655	501(C)(3)	51,000.				PROGRAM SUPPORT	
(11) INDIANAPOLIS ZOOLOGICAL SOCIETY, INC.								
1200 W. WASHINGTON ST. P.O. BOX 22309	351074747	501(C)(3)	123,916.				PROGRAM SUPPORT	
(12) INDIANAPOLIS-MARION COUNTY PUBLIC LIBRARY F								
P.O. BOX 6134 INDIANAPOLIS, IN 46206-6134	237016089	501(C)(3)	56,300.				PROGRAM SUPPORT	
2 Enter total number of section 501(c)(3) and g								
3 Enter total number of other organizations liste	ed in the line	1 table	<u> </u>		<u> </u>	<u> </u>		

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

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CENTRAL INDIANA COMMUNITY FOUNDATI	ON INC					35-1793680		
Part I General Information on Grants and	Assistance	е						
1 Does the organization maintain records to sul	ostantiate th	e amount of the g	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and		
the selection criteria used to award the grants	or assistanc	e?					X Yes No	
2 Describe in Part IV the organization's procedu	ures for mon	itoring the use of	grant funds in the	United States.				
Part II Grants and Other Assistance to G	overnment	s and Organizat	tions in the Unit	ed States, Com	plete if the organiz	ration answered "Y	es" to Form 990	
Part IV, line 21, for any recipient the							00 10 1 01111 000,	
					, , , , , , , , , , , , , , , , , , ,			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) INDY FILM FEST								
P.O. BOX 1917 INDIANAPOLIS, IN 46206	274344743	501(C)(3)	25,000.				PROGRAM SUPPORT	
_(2) INDY READS								
LIBRARY SERVICES CENTER 2450 N. MERIDIAN ST	311227489	501(C)(3)	70,420.				PROGRAM SUPPORT	
(3) INDYBAROQUE MUSIC, INC.								
401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	352107488	501(C)(3)	20,000.				PROGRAM SUPPORT	
(4) INSTITUTE FOR AFFORDABLE TRANSPORTATION								
5868 E. 71ST. ST. SUITE E-199	352133517	501(C)(3)	16,000.				PROGRAM SUPPORT	
(5) INSTITUTE FOR PSYCHOANALYSIS								
122 S. MICHIGAN AVE. SUITE 1300	361263210	501(C)(3)	110,000.				PROGRAM SUPPORT	
(6) INTERLOCHEN CENTER FOR THE ARTS								
P.O. BOX 199 INTERLOCHEN, MI 49643	381689022	501(C)(3)	25,000.				PROGRAM SUPPORT	
(7) IPS EDUCATION FOUNDATION								
ROOM 114 - E 120 E. WALNUT ST.	311103966	501(C)(3)	6,528.				PROGRAM SUPPORT	
(8) IRVINGTON DEVELOPMENT ORGANIZATION								
338 S. ARLINGTON AVE. STE 202	760716202	501(C)(3)	5,088.				PROGRAM SUPPORT	
(9) IRVINGTON PRESBYTERIAN CHURCH								
55 JOHNSON AVE. INDIANAPOLIS, IN 46219	350868021	501(C)(3)	25,109.				PROGRAM SUPPORT	
(10) IUPUI - HERRON SCHOOL OF ART AND DESIGN								
735 W. NEW YORK ST. INDIANAPOLIS, IN 46202	356001673	EDUCATIONAL ORG	10,000.				PROGRAM SUPPORT	
(11) IUPUI UNIVERSITY LIBRARY								
755 W. MICHIGAN ST.	356001673	EDUCATIONAL ORG	58,380.				PROGRAM SUPPORT	
(12) IVY TECH COMMUNITY COLLEGE - CENTRAL INDIAN								
IVY TECH MARION	351180631	EDUCATIONAL ORG	76,000.				PROGRAM SUPPORT	
2 Enter total number of section 501(c)(3) and g		•				▶		
3 Enter total number of other organizations liste			<u> </u>		<u> </u>	<u> </u>		
For Paperwork Reduction Act Notice, see the Inc							ule I (Form 990) (2013)	

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

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CENTRAL INDIANA COMMUNITY FOUNDATION INC						35-1793680		
Part I General Information on Grants and	Assistance	9				•		
1 Does the organization maintain records to su	bstantiate th	e amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and		
the selection criteria used to award the grants	or assistanc	e?					X Yes No	
2 Describe in Part IV the organization's procedu	ures for mor	itoring the use o	of grant funds in the	United States.				
Part II Grants and Other Assistance to G Part IV, line 21, for any recipient th							es" to Form 990,	
(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	
2001 BRIDGEPORT RD. INDIANAPOLIS, IN 46231	351156756	501(C)(3)	15,500.				PROGRAM SUPPORT	
(2) JEWISH COMMUNITY CENTER								
6701 HOOVER RD. INDIANAPOLIS, IN 46260	237099138	501(C)(3)	12,175.				PROGRAM SUPPORT	
(3) JEWISH FEDERATION OF GREATER INDIANAPOLIS								
6705 HOOVER RD. INDIANAPOLIS, IN 46260-4120	350888017	501(C)(3)	119,200.				PROGRAM SUPPORT	
(4) JOHN H. BONER COMMUNITY CENTER								
2236 E. 10TH ST.	237204495	501(C)(3)	134,000.				PROGRAM SUPPORT	
(5) JOHN P. CRAINE HOUSE, INC.								
6130 N. MICHIGAN RD INDIANAPOLIS, IN 46228	351021203	501(C)(3)	77,700.				PROGRAM SUPPORT	
(6) JOY'S HOUSE								
2028 E. BROAD RIPPLE AVE.	352083290	501(C)(3)	41,000.				PROGRAM SUPPORT	
_(7) JUNIOR ACHIEVEMENT OF CENTRAL INDIANA, INC.								
7435 N. KEYSTONE AVE.	351003695	501(C)(3)	25,500.				PROGRAM SUPPORT	
(8) KEEP INDIANAPOLIS BEAUTIFUL, INC.								
1029 FLETCHER AVE. SUITE 100	311005792	501(C)(3)	95,760.				PROGRAM SUPPORT	
(9) KEEP NEW ALBANY CLEAN AND GREEN, INC.								
P.O. BOX 574 NEW ALBANY, IN 47151-0574	274705186	501(C)(3)	20,000.				PROGRAM SUPPORT	
(10) KING PARK AREA DEVELOPMENT CORPORATION								
2430 N. DELAWARE ST.	351704590	501(C)(3)	20,776.				PROGRAM SUPPORT	
(11) KOSCIUSKO COMMUNITY YMCA								
1401 E. SMITH ST. WARSAW, IN 46580	351068182	501(C)(3)	100,000.				PROGRAM SUPPORT	
(12) KOSCIUSKO COUNTY SHELTER FOR ABUSE								
P.O. BOX 12 WARSAW, IN 46581	351656375	501(C)(3)	10,000.				PROGRAM SUPPORT	
2 Enter total number of section 501(c)(3) and g	overnment o	organizations list	ed in the line 1 tabl	e		 		
3 Enter total number of other organizations liste	ed in the line	1 table				.		

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Part I General Information on Grants and		e				35-1793680)
Does the organization maintain records to sul the selection criteria used to award the grants	or assistanc	e?					X Yes No
2 Describe in Part IV the organization's procedu							
Part II Grants and Other Assistance to G Part IV, line 21, for any recipient the	overnment at received	s and Organization stands stan	ations in the Unit 000. Part II can b	ed States. Come duplicated if a	plete if the organiz dditional space is n	cation answered "Y eeded.	es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) KURT VONNEGUT MEMORIAL LIBRARY							
THE EMELIE BLDG. 340 N. SENATE AVE.	270825749	501(C)(3)	25,000.				PROGRAM SUPPORT
(2) LA PLAZA, INC.							
8902 E. 38TH ST. INDIANAPOLIS, IN 46226	300029575	501(C)(3)	15,750.				PROGRAM SUPPORT
(3) LAFAYETTE SQUARE AREA COALITION							
WESTVIEW HOSPITAL 3630 GUION RD.	204008623	501(C)(3)	19,080.				PROGRAM SUPPORT
(4) LAKE AREA UNITED WAY							
221 W. RIDGE RD. GRIFFITH, IN 46319	237170019	501(C)(3)	6,459.				PROGRAM SUPPORT
(5) LAND BANK OF INDIANAPOLIS							
C/O LISC THE PLATFORM; 202 E. MARKET ST	800619587	501(C)(3)	6,980.				PROGRAM SUPPORT
_(6) LAWRENCE TOWNSHIP FOUNDATION							
6501 SUNNYSIDE RD. INDIANAPOLIS, IN 46236	351573468	501(C)(3)	39,249.				PROGRAM SUPPORT
_(7) LAWRENCE TOWNSHIP SCHOOL FOUNDATION							
6501 SUNNYSIDE RD. INDIANAPOLIS, IN 46236	351573468	501(C)(3)	11,975.				PROGRAM SUPPORT
_(8) LEUKEMIA & LYMPHOMA SOCIETY, INDIANA CHAPTE							
9075 N. MERIDIAN SUITE 150	135644916	501(C)(3)	6,000.				PROGRAM SUPPORT
(9) LIBRARY FUND							
	350868115	501(C)(3)	8,161.				PROGRAM SUPPORT
(10) LIFE CENTERS							
8902 VINCENNES CIR. SUITE A	311059740	501(C)(3)	9,000.				PROGRAM SUPPORT
(11) LITTLE RED DOOR CANCER AGENCY							
1801 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	350914096	501(C)(3)	88,606.				PROGRAM SUPPORT
(12) LOCAL INITIATIVES SUPPORT CORPORATION							
202 E. MARKET ST. THE PLATFORM	133030229	501(C)(3)	190,000.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and g							
3 Enter total number of other organizations liste	d in the line	1 table					

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATI	ON INC					35-1793680)
Part I General Information on Grants and	Assistance	e					
1 Does the organization maintain records to sul	bstantiate th	e amount of the g	rants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and	
the selection criteria used to award the grants	or assistanc	e?					X Yes No
2 Describe in Part IV the organization's procedu	ures for mon	itoring the use of	grant funds in the	United States.			
Part II Grants and Other Assistance to G	overnment	s and Organizat	tions in the Unit	ed States. Com	plete if the organiz	ration answered "Y	es" to Form 990.
Part IV, line 21, for any recipient the							00 10 1 01111 000,
					•	T.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LOCKPORT MENNONITE CHURCH							
09269 COUNTY RD. 21 N STRYKER, OH 43557	341096720	RELIGIOUS ORGAN	10,000.				PROGRAM SUPPORT
(2) LOST CREEK GROVE RESTORATION & PRESERVATION							
7018 E. FORT HARRISON AVE.	320130405	501(C)(3)	22,500.				PROGRAM SUPPORT
(3) MADISON COUNTY COMMUNITY FOUNDATION, INC.							
33 W. TENTH ST. SUITE 600	351859959	501(C)(3)	10,600.				PROGRAM SUPPORT
(4) MAPLETON-FALL CREEK DEVELOPMENT CORPORATION							
130 E. 30TH ST. INDIANAPOLIS, IN 46205	351654999	501(C)(3)	65,000.				PROGRAM SUPPORT
(5) MARIAN UNIVERSITY							
3200 COLD SPRING RD.	350868175	501(C)(3)	37,250.				PROGRAM SUPPORT
(6) MARION COUNTY COMMISSION ON YOUTH							
1064 W. 36TH ST. INDIANAPOLIS, IN 46208	351900516	501(C)(3)	119,200.				PROGRAM SUPPORT
(7) MARION SUPERIOR COURT - COMMUNITY COURT							
902 VIRGINIA AVE. INDIANAPOLIS, IN 46203	452958867	501(C)(3)	30,600.				PROGRAM SUPPORT
(8) MARWEN FOUNDATION, INC.							
833 N. ORLEANS CHICAGO, IL 60610	363523622	501(C)(3)	100,000.				PROGRAM SUPPORT
(9) MARY RIGG NEIGHBORHOOD CENTER							
1920 W. MORRIS ST. INDIANAPOLIS, IN 46221	350868954	501(C)(3)	57,000.				PROGRAM SUPPORT
(10) MCGIVNEY HEALTH CARE CENTER							
2907 E. 136TH ST. CARMEL, IN 46033	352139972	501(C)(3)	40,000.				PROGRAM SUPPORT
(11) MEALS ON WHEELS OF CENTRAL INDIANA							
P.O. BOX 40969 INDIANAPOLIS, IN 46240-0969	351182075	501(C)(3)	48,000.				PROGRAM SUPPORT
(12) MEMORIAL HEALTH FOUNDATION							
615 N. MICHIGAN ST.	351536129	501(C)(3)	150,000.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and g	overnment o	organizations liste	d in the line 1 tab	e		. •	
3 Enter total number of other organizations liste	ed in the line	1 table	<u> </u>			<u></u> .▶	
For Paperwork Reduction Act Notice, see the Ins							ule I (Form 990) (2013)

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Name of the organization

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

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Department of the Treasury Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDAT:		35-1793680					
Part I General Information on Grants and	l Assistanc	е					
1 Does the organization maintain records to su	bstantiate th	e amount of the g	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and	
the selection criteria used to award the grants	s or assistand	e?					X Yes No
2 Describe in Part IV the organization's proced	ures for mor	itoring the use of	grant funds in the	United States.			
Part II Grants and Other Assistance to G	overnment	s and Organiza	tions in the Unit	ed States Com	nlete if the organiz	ation answered "Y	es" to Form 990
Part IV, line 21, for any recipient th	at received	more than \$5,0	00. Part II can b	e duplicated if a	dditional space is n	eeded.	00 10 1 01111 000,
		. ,			,		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) METRO MINISTRIES, INC.							
2410 N. STATION ST. INDIANAPOLIS, IN 46218	356237110	501(C)(3)	7,000.				PROGRAM SUPPORT
(2) MIDTOWN, INC.							
615 N ALABAMA ST. STE 119	800228952	501(C)(3)	46,200.				PROGRAM SUPPORT
(3) MIDWEST ACADEMY OF INDIANA							
801 CONGRESIONAL BLVD SUITE 600	351890348	501(C)(3)	20,000.				PROGRAM SUPPORT
P.O. BOX 156 MILAN, IN 47031	352112183	501(C)(3)	34,700.				PROGRAM SUPPORT
(5) MILLIGAN COLLEGE							
P.O. BOX 750 MILLIGAN COLLEGE, TN 37682	620535755	501(C)(3)	40,000.				PROGRAM SUPPORT
(6) MSD OF DECATUR TOWNSHIP							
5275 KENTUCKY AVE.	351097820	EDUCATIONAL ORG	76,800.				PROGRAM SUPPORT
(7) MSD OF WARREN TOWNSHIP							
975 NORTH POST RD. INDIANAPOLIS, IN 46219	356006000	EDUCATIONAL ORG	75,000.				PROGRAM SUPPORT
(8) MUSEUM OF CONTEMPORARY ART							
220 E. CHICAGO AVE. CHICAGO, IL 60611	366154098	501(C)(3)	65,000.				PROGRAM SUPPORT
(9) MUSEUM OF SCIENCE AND INDUSTRY							
57TH ST. AND LAKE SHORE DR.	362167797	501(C)(3)	25,000.				PROGRAM SUPPORT
(10) NAMASTE CENTER							
1402 LINCOLNWAY LAPORTE, IN 46350	271109392	501(C)(3)	20,000.				PROGRAM SUPPORT
(11) NATIONAL AFTERSCHOOL ASSOCIATION							
8400 WESTPARK DR. 2ND FL. MCLEAN, VA 22102	311357902	501(C)(3)	11,500.				PROGRAM SUPPORT
(12) NEIGHBORHOOD CHRISTIAN LEGAL CLINIC	_						
3333 N. MERIDIAN ST. STE. 201	351916572	501(C)(3)	90,000.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and g	government o	organizations liste	d in the line 1 tabl	le		▶	
3 Enter total number of other organizations list	ed in the line	1 table					

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

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

Part I General Information on Grants and As						35-1793680		
General information on Grants and As	ssistance	•						
1 Does the organization maintain records to substa	antiate the	amount of the g	rants or assistan	ce, the grantees'	eligibility for the grants	or assistance, and		
the selection criteria used to award the grants or	assistance	e?					X Yes No	
2 Describe in Part IV the organization's procedures	s for moni	itoring the use of	grant funds in the	United States.				
Part II Grants and Other Assistance to Gove	ernments	s and Organizat	ions in the Unit	ed States, Com	plete if the organiz	ation answered "Y	es" to Form 990.	
Part IV, line 21, for any recipient that r								
4 ())					(f) Method of valuation		T	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) NEW LIFE DEVELOPMENT MINISTRIES, INC.								
2819 CLIFTON ST. INDIANAPOLIS, IN 46208 30	00271044	501(C)(3)	77,500.				PROGRAM SUPPORT	
(2) NEW TRIBES MISSION								
1000 E. FIRST ST. SANFORD, FL 32771 39	96024926	501(C)(3)	28,067.				PROGRAM SUPPORT	
(3) NEWSEUM, INC.								
555 PENNSYLVANIA AVE. NW 20	3985447	501(C)(3)	200,000.				PROGRAM SUPPORT	
(4) NOBLE OF INDIANA								
7701 E. 21ST ST. 35	50924720	501(C)(3)	42,000.				PROGRAM SUPPORT	
(5) NOBLE, INC. DBA NOBLE OF INDIANA								
7701 E. 21ST ST. 35	50924720	501(C)(3)	9,500.				PROGRAM SUPPORT	
(6) OASIS INDIANAPOLIS								
10800 E. WASHINGTON ST. 43	31830354	501(C)(3)	30,000.				PROGRAM SUPPORT	
(7) OLD NORTHSIDE FOUNDATION, INC.								
1539 N. COLLEGE AVE. INDIANAPOLIS, IN 46202 35	51804206	501(C)(3)	15,000.				PROGRAM SUPPORT	
(8) ORCHARD PARK PRESBYTERIAN CHURCH								
1605 E. 106TH ST. INDIANAPOLIS, IN 46280 23	36393377	RELIGIOUS ORGAN	12,000.				PROGRAM SUPPORT	
(9) OUR MILITARY KIDS								
6861 ELM ST. SUITE 2A MCLEAN, VA 22101 56	52483648	501(C)(3)	50,000.				PROGRAM SUPPORT	
(10) OUTREACH, INC.								
	51989358	501(C)(3)	42,872.				PROGRAM SUPPORT	
(11) PACE, INC.								
2855 N. KEYSTONE AVE. SUITE 110 35	51062235	501(C)(3)	100,000.				PROGRAM SUPPORT	
(12) PARK TUDOR SCHOOL								
7200 N. COLLEGE AVE. INDIANAPOLIS, IN 46240 35	50909976	501(C)(3)	87,900.				PROGRAM SUPPORT	

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

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATI	ON INC					35-1793680)
Part I General Information on Grants and	Assistance	e				•	
1 Does the organization maintain records to su	bstantiate th	e amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and	
the selection criteria used to award the grants	or assistanc	e?					X Yes No
2 Describe in Part IV the organization's procedu	ures for mor	itoring the use o	of grant funds in the	United States.			
Part II Grants and Other Assistance to G					plete if the organiz	ation answered "Y	es" to Form 990
Part IV, line 21, for any recipient th	at received	more than \$5,	000. Part II can b	e duplicated if a	dditional space is n	eeded.	
- <u></u>	T		1	· -	-	T	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PARK TUDOR YOUNG LIFE							
4631 LISBORN DR. CARMEL, IN 46033	840385934	501(C)(3)	7,500.				PROGRAM SUPPORT
(2) PATHWAY RESOURCE CENTER, INC.							
10119 JOHN MARSHALL DR.	383681150	501(C)(3)	22,500.				PROGRAM SUPPORT
(3) PATHWAY TO RECOVERY, INC.							
2135 N. ALABAMA ST. INDIANAPOLIS, IN 46202	351820889	501(C)(3)	30,000.				PROGRAM SUPPORT
(4) PATRICK HENRY COLLEGE							
10 PATRICK HENRY CIR.	541919810	501(C)(3)	100,000.				PROGRAM SUPPORT
(5) PEACE LEARNING CENTER							
6040 DELONG RD. INDIANAPOLIS, IN 46254	352067284	501(C)(3)	108,500.				PROGRAM SUPPORT
(6) PEOPLE FOR URBAN PROGRESS							
1043 VIRGINIA AVE. SUITE 213	263733786	501(C)(3)	15,720.				PROGRAM SUPPORT
(7) PERRY TOWNSHIP EDUCATION FOUNDATION							
6548 ORINOCO AVE. INDIANAPOLIS, IN 46227	351923843	501(C)(3)	59,305.				PROGRAM SUPPORT
(8) PFL ARTS							
LAWRENCE ART CENTER 4437 N. FRANKLIN RD.	202486798	501(C)(3)	25,000.				PROGRAM SUPPORT
(9) PHILHARMONIC ORCHESTRA OF INDIANAPOLIS							
32 E. WASHINGTON ST. SUITE 950	356042591	501(C)(3)	13,000.				PROGRAM SUPPORT
(10) PHILMONT STAFF ASSOCIATION							
PHILMONT SCOUT RANCH 17 DEER RUN RD.	237360180	501(C)(3)	7,679.				PROGRAM SUPPORT
(11) PHOENIX THEATRE, INC.							
749 N. PARK AVE. INDIANAPOLIS, IN 46202	311069575	501(C)(3)	13,124.				PROGRAM SUPPORT
(12) PIKE TOWNSHIP EDUCATIONAL FOUNDATION							
6901 ZIONSVILLE RD.	351836390	501(C)(3)	26,649.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and g	overnment o	organizations list	ted in the line 1 tab	е			
3 Enter total number of other organizations liste	ed in the line	1 table					

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Department of the Treasury
Internal Revenue Service

Name of the organization

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Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATI	35-1793680	35-1793680					
Part I General Information on Grants and	Assistance						
 Does the organization maintain records to sulthe selection criteria used to award the grants Describe in Part IV the organization's procedu 	or assistand ures for mon	e? itoring the use of	grant funds in the	United States.			X Yes No
Part II Grants and Other Assistance to G Part IV, line 21, for any recipient the	overnment at received	s and Organizat more than \$5,0	t ions in the Unit 00. Part II can b	ed States. Come duplicated if a	plete if the organiz dditional space is n	ation answered "Y eeded.	es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1) PINE RIDGE BIBLE CHURCH							
280 S. RAY QUINCY RD. QUINCY, MI 49082	382515062	RELIGIOUS ORGAN	15,000.				PROGRAM SUPPORT
(2) PLANNED PARENTHOOD OF INDIANA AND KENTUCKY							
200 S. MERIDIAN ST. STE 400	350874276	501(C)(3)	16,960.				PROGRAM SUPPORT
(3) PLANNED PARENTHOOD OF INDIANA, INC.							
200 S. MERIDIAN ST. STE 400	350874276	501(C)(3)	80,048.				PROGRAM SUPPORT
(4) PLAY BALL INDIANA			·				
7160 ZIONSVILLE RD. INDIANAPOLIS, IN 46268	311032580	501(C)(3)	12,000.				PROGRAM SUPPORT
(5) PLAYSMART, INC.			,				
1311 N. WESTSHORE BLVD. SUITE 317	522111995	501(C)(3)	10,000.				PROGRAM SUPPORT
(6) PREVAIL, INC.			.,				
1100 S. 9TH ST. SUITE 100	351681864	501(C)(3)	6,000.				PROGRAM SUPPORT
(7) PRIMARY COLOURS			.,				
1043 VIRGINIA AVE. SUITE # 217	352138585	501(C)(3)	9,705.				PROGRAM SUPPORT
(8) PROJECT HOME INDY			.,				
PO BOX 683 INDIANAPOLIS, IN 46206	205045345	501(C)(3)	64,480.				PROGRAM SUPPORT
(9) PROJECT SEED, INC.	200010010	301(0)(3)	01/1001				THOOMAN DOTTON
8401 WESTFIELD BLVD. ROOM D102	381949371	501(C)(3)	10,000.				PROGRAM SUPPORT
(10) PROJECT SUCCESS OF EASTERN BUREAU COUNTY	301313371	301(0)(3)	10,000.				I ROGRAM BOITORI
500 N. TERRY ST. SPRING VALLEY, IL 61362	364015682	501(C)(3)	11,000.				PROGRAM SUPPORT
(11) PROPYLAEUM HISTORIC FOUNDATION	301013001	301(0)(3)	11,000.				THOOMAN DOTTON
1410 N. DELAWARE ST. INDIANAPOLIS, IN 46202	311015937	501(C)(3)	6,360.				PROGRAM SUPPORT
(12) PROVIDENCE CRISTO REY HIGH SCHOOL	521013737	302(0)(3)	3,300.				I TO OTHER DOLL OTHER
75 N. BELLEVIEW PL.	350868174	501(C)(3)	6,000.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and g			· · · · · · · · · · · · · · · · · · ·	e	<u> </u>	•	FROGRAM SUPPORT
3 Enter total number of other organizations liste							
			<u> </u>	<u> </u>	<u> </u>		

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

Department of the Treasury

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

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

Internal Revenue Service

► Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. 2013

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CENTRAL INDIANA COMMUNITY FOUNDATION INC 35-1793680 Part 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant or government if applicable grant non-cash assistance or assistance cash assistance (1) PURDUE FOUNDATION DEVELOPMENT OFFICE 403 W. WOOD ST 310958507 501(C)(3) 26,000 PROGRAM SUPPORT (2) REACH FOR YOUTH, INC. 3505 N. WASHINGTON BLVD 237456842 501(C)(3) 101,960 PROGRAM SUPPORT (3) REACH OUT AND READ, INC. 56 ROLAND ST. SUITE 100D BOSTON, MA 02129 501(C)(3) 16,960 PROGRAM SUPPORT (4) REBUILD FOUNDATION 6916 S. DORCHESTER AVE. CHICAGO, IL 60637 271308845 501(C)(3) 10,000. (5) RECYCLEFORCE 1125 BROOKSIDE AVE. SUITE D12 141892402 501(C)(3) 265,000 PROGRAM SUPPORT (6) REDEEMER PRESBYTERIAN CHURCH 1505 N. DELAWARE ST. INDIANAPOLIS, IN 46202 352031021 15,000 501(C)(3) PROGRAM SUPPORT (7) RICHMOND ART MUSEUM 350 HUB ETCHISON PKWY 356005040 501(C)(3) 10,000 PROGRAM SUPPORT (8) RICHMOND COLUMBIAN PROPERTIES P.O. BOX 294 RICHMOND, IN 47375 272681529 501(C)(3) 10,000 PROGRAM SUPPORT (9) RILEY CHILDREN'S FOUNDATION 30 S. MERIDIAN ST. SUITE 200 350868147 501(C)(3) 8,545 PROGRAM SUPPORT (10) RIVER VALLEY RESOURCES 351820770 501(C)(3) 80,000 1375 W. 16TH ST. INDIANAPOLIS, IN 46202 PROGRAM SUPPORT (11) ROBERT E. LEE MEMORIAL ASSOCIATION STRATFORD HALL 483 GREAT HOUSE RD 540536105 501(C)(3) 6,000 PROGRAM SUPPORT (12) ROCK ISLAND HIGH SCHOOL 1400 25TH AVE. ROCK ISLAND, IL 61201 363264395 EDUCATIONAL ORG 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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2013

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Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATI		35-1793680					
Part I General Information on Grants and	Assistance	9					
1 Does the organization maintain records to su	bstantiate th	e amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and	
the selection criteria used to award the grants	or assistanc	e?					X Yes No
2 Describe in Part IV the organization's proced	ures for mon	itoring the use of	grant funds in the	United States.			
Part II Grants and Other Assistance to G	overnment	s and Organiza	tions in the Unit	ed States, Com	nplete if the organiz	ation answered "Y	es" to Form 990
Part IV, line 21, for any recipient th							
					•	T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) RONALD MCDONALD HOUSE OF INDIANA							
435 LIMESTONE ST.	351497202	501(C)(3)	7,000.				PROGRAM SUPPORT
(2) ROTARY FOUNDATION OF INDIANAPOLIS							
401 E. MICHIGAN INDIANAPOLIS, IN 46204	356043931	501(C)(3)	250,000.				PROGRAM SUPPORT
(3) RUTH LILLY HEALTH EDUCATION CENTER							
2055 N. SENATE AVE.	311071836	501(C)(3)	11,122.				PROGRAM SUPPORT
(4) SAGAMORE INSTITUTE FOR POLICY RESEARCH							
THE LEVEY MANSION 2902 N. MERIDIAN ST.	201161578	501(C)(3)	60,000.				PROGRAM SUPPORT
(5) SAINT FLORIAN CENTER, INC.							
4600 SUNSET AVE. P.O. BOX 2896	351971700	501(C)(3)	12,500.				PROGRAM SUPPORT
(6) SAVANNAH COLLEGE OF ART & DESIGN							
15 DRAYTON ST. P.O. BOX 3146	581357177	501(C)(3)	30,000.				PROGRAM SUPPORT
(7) SCHOOL CITY OF MISHAWAKA							
1402 S. MAIN ST. MISHAWAKA, IN 46544-5297	356002649	EDUCATIONAL ORG	27,275.		FMV		PROGRAM SUPPORT
(8) school on wheels							
2815 E. 62ND ST. SUITE 200	352151003	501(C)(3)	7,500.		FMV		PROGRAM SUPPORT
(9) SECOND HELPINGS, INC.							
THE EUGENE AND MARILYN GLICK CENTER 1121 SO	351484281	501(C)(3)	70,000.				PROGRAM SUPPORT
(10) SECOND PRESBYTERIAN CHURCH							
7700 N. MERIDIAN ST.	350868030	RELIGIOUS ORGAN	16,703.				PROGRAM SUPPORT
(11) SEEDS OF HOPE, INC.							
1425 S. MICKLEY AVE.	352086855	501(C)(3)	20,000.				PROGRAM SUPPORT
(12) SERVANTS AT WORK (SAWS)							
P.O. BOX 40716 INDIANAPOLIS, IN 46240	453825509	501(C)(3)	29,640.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and g	government o	organizations liste	d in the line 1 tabl	e		>	
3 Enter total number of other organizations liste	ed in the line	1 table					

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

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

ENTRAL INDIANA COMMUNITY FOUNDATION INC							35-1793680	
Part I General Information on Grants and	l Assistance	e						
Does the organization maintain records to su	bstantiate th	e amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and		
the selection criteria used to award the grants	s or assistanc	e?	·				X Yes No	
2 Describe in Part IV the organization's proced	ures for mon	itoring the use of	of grant funds in the	United States.				
Part II Grants and Other Assistance to G	overnment	s and Organiza	ations in the Unit	ed States, Com	plete if the organiz	ration answered "Y	es" to Form 990	
Part IV, line 21, for any recipient th							00 10 1 01111 000,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) SHALOM HEALTH CARE CENTER, INC.								
3400 LAFAYETTE RD. SUITE 200	061645027	501(C)(3)	5,300.				PROGRAM SUPPORT	
(2) SHELBY COMMUNITY HEALTH CENTER								
1640 E. SR 44 STE B SHELBYVILLE, IN 46176	300174146	501(C)(3)	25,000.				PROGRAM SUPPORT	
(3) SHELBY SENIOR SERVICES								
1504 S. HARRISON ST. SHELBYVILLE, IN 46176	351447684	501(C)(3)	22,000.				PROGRAM SUPPORT	
(4) SHELTERING WINGS CENTER FOR WOMEN								
P.O. BOX 92 DANVILLE, IN 46122	352077713	501(C)(3)	6,000.				PROGRAM SUPPORT	
(5) SHEPHERD COMMUNITY INC.								
4107 E. WASHINGTON ST.	351765846	501(C)(3)	102,500.				PROGRAM SUPPORT	
(6) SOCIAL HEALTH ASSOCIATION OF INDIANA, INC.								
615 N. ALABAMA ST. SUITE 228	350869056	501(C)(3)	22,000.				PROGRAM SUPPORT	
_(7) SOCIEDAD AMIGOS DE COLUMBIA, INC. (SADCO)								
P.O. BOX 1141 CARMEL, IN 46082	351624409	501(C)(3)	44,112.				PROGRAM SUPPORT	
(8) SOCIETY OF ST. VINCENT DE PAUL								
3001 E. 30TH ST.	371507632	501(C)(3)	8,500.				PROGRAM SUPPORT	
(9) SOUTHEAST COMMUNITY SERVICES, INC.								
901 S. SHELBY ST. INDIANAPOLIS, IN 46203	351318068	501(C)(3)	172,500.				PROGRAM SUPPORT	
(10) SOUTHEAST NEIGHBORHOOD DEVELOPMENT, INC.								
1035 SANDERS ST. STE 118	351557200	501(C)(3)	10,600.				PROGRAM SUPPORT	
(11) SPANISH WORLD MINISTRIES								
P.O. BOX 542 WINONA LAKE, IN 46590	351057536	501(C)(3)	6,000.				PROGRAM SUPPORT	
(12) ST. ELIZABETH COLEMAN PREGNANCY & ADOPTION								
2500 CHURCHMAN AVE.	350868151	501(C)(3)	6,000.				PROGRAM SUPPORT	
2 Enter total number of section 501(c)(3) and g	government o	organizations list	ed in the line 1 tab	le		. •		
3 Enter total number of other organizations list	ed in the line	1 table	<u> </u>			<u> </u>		
For Paperwork Reduction Act Notice, see the In					<u> </u>		ule I (Form 990) (2013)	

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

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Department of the Treasury
Internal Revenue Service

Name of the organization

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2013

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CENTRAL INDIANA COMMUNITY FOUNDATI	ON INC					35-1793680)
Part I General Information on Grants and	Assistance	e				•	
1 Does the organization maintain records to su	bstantiate th	e amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and	
the selection criteria used to award the grants							X Yes No
2 Describe in Part IV the organization's procedu	ures for mor	itoring the use of	grant funds in the	United States.			
Part II Grants and Other Assistance to G	overnment	s and Organiza	tions in the Unit	ed States, Com	plete if the organiz	ration answered "Y	es" to Form 990
Part IV, line 21, for any recipient th	at received	more than \$5,0	00. Part II can b	e duplicated if a	dditional space is n	eeded.	
-	1			T		T	Т
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ST. JOHN VIANNEY CATHOLIC CHURCH							
15176 BLESSED MOTHER BLVD.	530196617	RELIGIOUS ORGAN	7,000.				PROGRAM SUPPORT
(2) ST. JOSEPH COUNTY PARKS FOUNDATION							
50651 LAUREL RD. SOUTH BEND, IN 46637	351459569	501(C)(3)	10,000.				PROGRAM SUPPORT
(3) ST. MARY'S CHILD CENTER							
901 DR. MARTIN LUTHER KING JR. ST.	530196617	501(C)(3)	23,500.				PROGRAM SUPPORT
_(4) ST. RICHARD'S SCHOOL, AN INDEPENDENT EPISCO							
33 E. 33RD ST. INDIANAPOLIS, IN 46205	356007169	501(C)(3)	15,000.				PROGRAM SUPPORT
(5) ST. VINCENT DE PAUL/BOULEVARD PLACE FOOD PA							
4202 N. BOULEVARD PLACE	371507632	501(C)(3)	25,750.				PROGRAM SUPPORT
(6) STARFISH INITIATIVE							
814 N. DELAWARE ST. INDIANAPOLIS, IN 46204	562442758	501(C)(3)	100,000.				PROGRAM SUPPORT
(7) STEP-UP, INC.							
850 N. MERIDIAN ST. FIRST FLOOR	352145743	501(C)(3)	30,000.				PROGRAM SUPPORT
(8) STEWARD SPEAKERS							
P.O. BOX 88104 INDIANAPOLIS, IN 46208-8104	453193332	501(C)(3)	10,600.				PROGRAM SUPPORT
(9) STOPOVER, INC.							
2236 E. 10TH ST.	351361111	501(C)(3)	47,460.				PROGRAM SUPPORT
(10) SUMMER ADVANTAGE USA							
407 N. FULTON ST. SUITE 102	263185485	501(C)(3)	69,080.				PROGRAM SUPPORT
(11) T.R.U.S.T.							
1935 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	371461387	501(C)(3)	60,000.				PROGRAM SUPPORT
(12) TEACHERS' TREASURES							
1800 E. 10TH ST. INDIANAPOLIS, IN 46201	352100375	501(C)(3)	8,500.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and g	overnment o	organizations liste	d in the line 1 tabl	le		→	
3 Enter total number of other organizations liste	ed in the line	1 table					

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Internal Revenue Service

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OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization						Employer identificat	ion number
CENTRAL INDIANA COMMUNITY FOUNDATI	ON INC					35-1793680)
Part I General Information on Grants and	Assistance	•				•	
 Does the organization maintain records to sulthe selection criteria used to award the grants Describe in Part IV the organization's procedure. 	or assistanc	e?					X Yes No
Part IV, line 21, for any recipient the							es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TECHPOINT FOUNDATION	_						
615 N. ALABAMA ST. SUITE 119	352155455	501(C)(3)	21,200.				PROGRAM SUPPORT
(2) THE ARIZONA FIVE ARTS CIRCLE							
15849 N. 71ST. ST. SUITE 132	861037482	501(C)(3)	6,000.				PROGRAM SUPPORT
_(3) THE ART MUSEUM AT THE UNIVERSITY OF KENTUCK							
405 ROSE ST. LEXINGTON, KY 40506-0241	616001218	EDUCATIONAL ORG	10,000.				PROGRAM SUPPORT
(4) THE ATHENAEUM FOUNDATION, INC.	_						
401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	351834667	501(C)(3)	11,024.				PROGRAM SUPPORT
_(5) THE CABARET							
121 MONUMENT CIR. SUITE 516	311225154	501(C)(3)	63,426.				PROGRAM SUPPORT
(6) THE CASIE CENTER							
533 N. NILES AVE. SOUTH BEND, IN 46617	351899479	501(C)(3)	100,000.				PROGRAM SUPPORT
(7) THE CENTER FOR THE PERFORMING ARTS							
355 W. CITY CENTER DR. CARMEL, IN 46032	203901164	501(C)(3)	157,857.				PROGRAM SUPPORT
(8) THE CHILDREN'S MUSEUM OF INDIANAPOLIS							
3000 N. MERIDIAN ST. P.O. BOX 3000	350867985	501(C)(3)	63,765.				PROGRAM SUPPORT
(9) THE COLUMBUS PARK FOUNDATION							
P.O. BOX 858 COLUMBUS, IN 47202	351343903	501(C)(3)	50,000.				PROGRAM SUPPORT
(10) THE CONSERVATION LAW CENTER							
116 S. INDIANA AVE. BLOOMINGTON, IN 47408	202321854	501(C)(3)	25,000.				PROGRAM SUPPORT
(11) THE FAMILY DEFENSE CENTER							
70 E. LAKE ST. SUITE 1100 CHICAGO, IL 60601	203096347	501(C)(3)	60,000.		FMV		PROGRAM SUPPORT
(12) THE FIELD MUSEUM							
1400 S. LAKE SHORE DR.	362167011	501(C)(3)	31,000.		FMV		PROGRAM SUPPORT
 Enter total number of section 501(c)(3) and g Enter total number of other organizations liste 		•	ed in the line 1 tabl	e			

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

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Department of the Treasury
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Name of the organization

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2013

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Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATI						35-1793680)
Part I General Information on Grants and							
1 Does the organization maintain records to su							
the selection criteria used to award the grants	or assistanc	e?					X Yes No
2 Describe in Part IV the organization's proced	ures for mor	nitoring the use of	grant funds in the	United States.			
Part II Grants and Other Assistance to G	overnment	s and Organiza	tions in the Unit	ed States. Com	plete if the organiz	zation answered "Y	es" to Form 990,
Part IV, line 21, for any recipient th	at received	more than \$5,0	00. Part II can b	e duplicated if a	dditional space is n	eeded.	
	1	1		T	T	1	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE GREENLEAF CENTER FOR SERVANT-LEADERSHIP							
770 PAWTUCKET DR WESTFIELD, IN 46074	046122305	501(C)(3)	133,055.				PROGRAM SUPPORT
(2) THE HEALTH FOUNDATION OF GREATER INDIANAPOL							
429 E. VERMONT ST. SUITE 300	356203550	509 PF PRIVATE	27,120.				PROGRAM SUPPORT
_(3) THE INDIANAPOLIS PUBLIC LIBRARY FOUNDATION,							
P.O. BOX 6134 INDIANAPOLIS, IN 46206-6134	237016089	501(C)(3)	1,319,432.				PROGRAM SUPPORT
(4) THE JULIAN CENTER, INC.							
2011 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351346514	501(C)(3)	69,086.				PROGRAM SUPPORT
_(5) THE KALAPRIYA FOUNDATION, CENTER FOR INDIAN							
410 S. MICHIGAN # 466 CHICAGO, IL 60605	363987947	501(C)(3)	15,000.				PROGRAM SUPPORT
(6) THE KING'S COLLEGE							
52 BROADWAY 5TH FLOOR NEW YORK, NY 10004	131810448	501(C)(3)	60,000.				PROGRAM SUPPORT
_(7) THE LOFT LITERARY CENTER							
1011 WASHINGTON AVE. S. SUITE 200	411297735	501(C)(3)	10,000.				PROGRAM SUPPORT
(8) THE LORD'S PANTRY AT ANNA'S HOUSE, INC.							
P.O. BOX 17104 INDIANAPOLIS, IN 46217	352153771	501(C)(3)	8,000.				PROGRAM SUPPORT
(9) THE LUGAR CENTER							
1717 RHODE ISLAND AVE NW 9TH FLOOR	461706566	501(C)(3)	50,250.				PROGRAM SUPPORT
(10) THE MICHAEL FEINSTEIN GREAT AMERICAN SONGBO							
355 CITY CENTER DR. CARMEL, IN 46032	260620716	501(C)(3)	10,000.				PROGRAM SUPPORT
(11) THE MIND TRUST							
1630 N. MERIDIAN SUITE 330	204560286	501(C)(3)	13,400.				PROGRAM SUPPORT
(12) THE MIND TRUST							
1630 N. MERIDIAN SUITE 330	204560286	501(C)(3)	10,000.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and g							
3 Enter total number of other organizations liste	ed in the line	1 table	<u> </u>		<u> </u>	<u> </u>	

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Name of the organization						Employer identificat	ion number		
CENTRAL INDIANA COMMUNITY FOUNDAT	ENTRAL INDIANA COMMUNITY FOUNDATION INC								
Part I General Information on Grants and		9				<u> </u>			
 Does the organization maintain records to su the selection criteria used to award the grants Describe in Part IV the organization's proced 	bstantiate the or assistance	e amount of the q					X Yes No		
Part II Grants and Other Assistance to G Part IV, line 21, for any recipient th							es" to Form 990,		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
(1) THE MOZEL SANDERS FOUNDATION									
709 N. BELMONT AVE. INDIANAPOLIS, IN 46222	352025644	501(C)(3)	6,360.				PROGRAM SUPPORT		
(2) THE NATURE CONSERVANCY									
4245 N. FAIRFAX DR. SUITE 100	530242652	501(C)(3)	15,000.				PROGRAM SUPPORT		
(3) THE NATURE CONSERVANCY IN INDIANA									
620 E. OHIO ST. INDIANAPOLIS, IN 46202-2418	530242652	501(C)(3)	77,633.				PROGRAM SUPPORT		
(4) THE OAKS ACADEMY									
2301 N. PARK AVE. INDIANAPOLIS, IN 46205	352050595	501(C)(3)	15,000.				PROGRAM SUPPORT		
(5) THE O'CONNOR HOUSE									
P.O. BOX 1061 CARMEL, IN 46082-1061	205533460	501(C)(3)	6,000.				PROGRAM SUPPORT		
(6) THE ORCHARD SCHOOL									
615 W. 64TH ST. INDIANAPOLIS, IN 46260-4798	350909975	EDUCATIONAL ORG	10,740.				PROGRAM SUPPORT		
(7) THE SALVATION ARMY									
3100 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	362167910	501(C)(3)	24,740.				PROGRAM SUPPORT		
(8) THE SALVATION ARMY, LA PORTE INDIANA									
3240 MONROE AVE. LAPORTE, IN 46350	362167910	501(C)(3)	7,000.				PROGRAM SUPPORT		
(9) THE SOCIAL OF GREENWOOD									
550 POLK AVE. GREENWOOD, IN 46143	351476552	501(C)(3)	16,000.				PROGRAM SUPPORT		
(10) THE VILLAGE COOPERATIVE INC.									
6055 N. COLLEGE AVE. INDIANAPOLIS, IN 46220	264098400	501(C)(3)	9,000.				PROGRAM SUPPORT		
(11) THE VILLAGES OF INDIANA, INC.			·						
3833 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351708240	501(C)(3)	18,470.				PROGRAM SUPPORT		
(12) TIDES FOUNDATION		, , , , , ,	.,						
P.O. BOX 29903 SAN FRANCISCO, CA 94129-0903	510198509	501(C)(3)	9,000.				PROGRAM SUPPORT		
2 Enter total number of section 501(c)(3) and c				e		•			
3 Enter total number of other organizations list		•							

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CENTRAL INDIANA COMMUNITY FOUNDATI	ION INC		35-1793680				
Part I General Information on Grants and	Assistance	9				•	
1 Does the organization maintain records to su	bstantiate th	e amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and	
the selection criteria used to award the grants	or assistanc	e?					X Yes No
2 Describe in Part IV the organization's proced	ures for mon	itoring the use of	grant funds in the	United States.			
Part II Grants and Other Assistance to G Part IV, line 21, for any recipient th							es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TRAINING INC.							
1125 BROOKSIDE AVE SUITE 210	351682914	501(C)(3)	10,000.				PROGRAM SUPPORT
(2) TRINITY FREE CLINIC							
1045 W. 146TH ST. CARMEL, IN 46032	352120420	501(C)(3)	15,000.				PROGRAM SUPPORT
(3) TRUSTED MENTORS							
872 VIRGINIA AVE. INDIANAPOLIS, IN 46203	262661971	501(C)(3)	40,000.				PROGRAM SUPPORT
(4) U.S. NAVAL ACADEMY FOUNDATION							
291 WOOD RD., BEECH HALL	237003516	501(C)(3)	202,500.				PROGRAM SUPPORT
(5) UNITED WAY OF CENTRAL INDIANA							
3901 N. MERIDIAN ST. P.O. BOX 88409	351007590	501(C)(3)	1,155,847.				PROGRAM SUPPORT
(6) UNITED WAY OF ST. JOSEPH COUNTY							
3517 E. JEFFERSON BLVD.	351063368	501(C)(3)	15,000.				PROGRAM SUPPORT
(7) UNIVERSITY OF CHICAGO SMART MUSEUM OF ART							
UNIVERSITY OF CHICAGO 5550 S. GREENWOOD AVE	362177139	501(C)(3)	30,000.				PROGRAM SUPPORT
(8) UNIVERSITY OF EVANSVILLE							
1800 LINCOLN AVE. EVANSVILLE, IN 47722	350868074	501(C)(3)	11,500.				PROGRAM SUPPORT
(9) UNIVERSITY OF INDIANAPOLIS							
1400 E. HANNA AVE.	350868107	501(C)(3)	17,880.				PROGRAM SUPPORT
(10) UNIVERSITY OF MICHIGAN							
COLLEGE OF LITERATURE, SCIENCE & ARTS 500 S	386006309	EDUCATIONAL ORG	10,000.				PROGRAM SUPPORT
(11) UNIVERSITY OF SOUTHERN INDIANA FOUNDATION							
8600 UNIVERSITY BLVD. EVANSVILLE, IN 47712	237042320	501(C)(3)	20,000.				PROGRAM SUPPORT
(12) UNLIMITED POTENTIAL INC.							
P.O. BOX 1355 WARSAW, IN 46581-1355	311014369	501(C)(3)	7,000.				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and g	,	organizations liste	ed in the line 1 tabl	e		>	
3 Enter total number of other organizations liste	ed in the line	1 table					

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1 Does the organization maintain records to sul	bstantiate th	e amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and			
the selection criteria used to award the grants							X Yes No		
2 Describe in Part IV the organization's procedu	ures for mor	itoring the use o	of grant funds in the	United States.					
Part II Grants and Other Assistance to G					plete if the organiz	ration answered "Y	es" to Form 990		
Part IV, line 21, for any recipient the	at received	more than \$5,	000. Part II can b	e duplicated if a	dditional space is n	eeded.	00 10 1 01111 000,		
	T			<u> </u>	(f) Mathad of valuation	T	T		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
(1) VERMILLION COUNTY, INDIANA HISTORICAL SOCIE									
P.O. BOX 273 NEWPORT, IN 47966	351964923	501(C)(3)	10,000.				PROGRAM SUPPORT		
(2) VISITING NURSE SERVICE, INC.									
4701 N. KEYSTONE AVE.	350868199	501(C)(3)	31,000.				PROGRAM SUPPORT		
(3) VISUALLY IMPAIRED PRESCHOOL SERVICES, VIPS									
2600 S. HENDERSON ST. #154	611061973	501(C)(3)	47,000.				PROGRAM SUPPORT		
_(4) VOLUNTEERS OF AMERICA OF INDIANA									
927 N. PENNSYLVANIA ST.	131692595	501(C)(3)	60,000.				PROGRAM SUPPORT		
(5) VSA INDIANA									
1505 N. DELAWARE ST. SUITE 100	351529183	501(C)(3)	157,701.				PROGRAM SUPPORT		
(6) WARREN ARTS & EDUCATION FOUNDATION									
975 N. POST RD. INDIANAPOLIS, IN 46219	351572560	501(C)(3)	9,218.				PROGRAM SUPPORT		
(7) WARSAW COMMUNITY CHURCH									
103 ENTERPRISE DR. WARSAW, IN 46580	351909524	501(C)(3)	6,000.				PROGRAM SUPPORT		
(8) WASHINGTON TOWNSHIP SCHOOLS FOUNDATION									
8550 WOODFIELD CROSSING BLVD.	311146508	501(C)(3)	101,594.				PROGRAM SUPPORT		
(9) WAYNE TOWNSHIP EDUCATION FOUNDATION									
1220 S. HIGH SCHOOL RD.	351836690	501(C)(3)	75,550.				PROGRAM SUPPORT		
(10) WEST INDIANAPOLIS DEVELOPMENT CORP.									
1211 S. HIATT ST	351886746	501(C)(3)	35,300.				PROGRAM SUPPORT		
(11) WESTMINSTER NEIGHBORHOOD MINISTRIES									
445 N. STATE AVE. P.O. BOX 11465	351279675	501(C)(3)	34,091.				PROGRAM SUPPORT		
(12) WFYI PUBLIC MEDIA									
1630 N. MERIDIAN ST. SUITE 2105	351147600	501(C)(3)	55,952.				PROGRAM SUPPORT		
2 Enter total number of section 501(c)(3) and g	overnment o	organizations list	ted in the line 1 tabl	e					
3 Enter total number of other organizations liste	ed in the line	1 table							

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

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC							35-1793680			
Part I General Information on Grants and	Assistance	9								
1 Does the organization maintain records to su	bstantiate th	e amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and				
the selection criteria used to award the grants							X Yes No			
2 Describe in Part IV the organization's proced	ures for mor	itoring the use o	of grant funds in the	United States.						
Part II Grants and Other Assistance to G					plete if the organiz	ration answered "Y	es" to Form 990			
Part IV, line 21, for any recipient th	at received	more than \$5.	000. Part II can b	e duplicated if a	dditional space is n	eeded.	00 10 1 01111 000,			
		. ,			, , , , , , , , , , , , , , , , , , ,	T.				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
(1) WHEELER MISSION MINISTRIES										
205 E. NEW YORK ST. INDIANAPOLIS, IN 46201	350888771	501(C)(3)	33,000.				PROGRAM SUPPORT			
(2) WILLARD LIBRARY FOUNDATION, INC.										
21 FIRST AVE. EVANSVILLE, IN 47710	351666547	501(C)(3)	25,000.				PROGRAM SUPPORT			
_(3) willow creek association										
P.O. BOX 3188 BARRINGTON, IL 60011-3188	363799040	501(C)(3)	25,000.				PROGRAM SUPPORT			
_(4) woman made gallery										
685 N. MILWAUKEE AVE. CHICAGO, IL 60642	363840956	501(C)(3)	10,000.				PROGRAM SUPPORT			
_(5) WORKING 4 GREEN, INC										
619 N. PENNSYLVANIA ST.	261139081	501(C)(3)	30,000.				PROGRAM SUPPORT			
_(6) WORLD COMMUNITY SERVICE FOUNDATION OF ROTAR										
53 TIMBER LN. BROWNSBURG, IN 46112	351993614	501(C)(3)	10,000.				PROGRAM SUPPORT			
_(7) WORLD COMPASSION NETWORK										
P.O. BOX 1152 WARSAW, IN 46581	352157111	501(C)(3)	10,000.				PROGRAM SUPPORT			
(8) WORLD JOURNALISM INSTITUTE										
12 ALL SOULS CRESCENT ASHEVILLE, NC 28803	560538016	501(C)(3)	50,000.				PROGRAM SUPPORT			
(9) WOUNDED WARRIOR PROJECT										
4899 BELFORT RD. SUITE 300	202370934	501(C)(3)	8,750.				PROGRAM SUPPORT			
(10) WRITERS' CENTER OF INDIANA										
P.O. BOX 30407 INDIANAPOLIS, IN 46230-0407	311105619	501(C)(3)	13,000.				PROGRAM SUPPORT			
(11) YMCA OF GREATER INDIANAPOLIS										
615 N. ALABAMA ST. SUITE 200	350868211	501(C)(3)	89,500.				PROGRAM SUPPORT			
(12) YOUNG ACTORS THEATRE										
401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	351556468	501(C)(3)	20,000.				PROGRAM SUPPORT			
2 Enter total number of section 501(c)(3) and g	overnment o	organizations list	ted in the line 1 tabl	e		▶				
3 Enter total number of other organizations lists	ed in the line	1 table								

JSA

3E1288 1 000

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATI	35-1793680	35-1793680					
Part I General Information on Grants and	Assistance	9					
1 Does the organization maintain records to sul							
the selection criteria used to award the grants							X Yes No
2 Describe in Part IV the organization's procedu	ures for mon	itoring the use o	of grant funds in the	United States.			
Part II Grants and Other Assistance to G Part IV, line 21, for any recipient the	overnment at received	s and Organiza more than \$5,	ations in the Unit 000. Part II can b	ted States. Come duplicated if a	plete if the organiz dditional space is n	ration answered "Y eeded.	es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) YOUNG AUDIENCES OF INDIANA, INC. DBA ARTS F							
3921 N. MERIDIAN ST. SUITE 210	351148812	501(C)(3)	9,112.				PROGRAM SUPPORT
(2) YOUNG LIFE WASHINGTON TOWNSHIP							
4631 LISBORN DR. CARMEL, IN 46033-2200	840385934	501(C)(3)	15,000.				PROGRAM SUPPORT
_(3)	_						
_(4)							
_(5)							
_(7)							
_(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and g	overnment o	organizations list	ted in the line 1 tab	le	l	•	410.
3 Enter total number of other organizations liste							
For Paperwork Reduction Act Notice, see the In:							ule I (Form 990) (2013)

JSA

3E1288 1 000

Schedule I (Form 990) (2013)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FELLOWSHIPS	5.	125,000.		FMV	
2 SCHOLARSHIPS	126.	641,813.		FMV	
3					
4					
5					
6					
7					

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

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CENTRAL INDIANA COMMUNITY FOUNDATION INC 35-1793680 **Questions Regarding Compensation**

			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form							
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment							
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to							
2	explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1b						
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line							
	1a?	2						
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the							
J	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.							
	X Compensation committee Written employment contract							
	Independent compensation consultant X Compensation survey or study							
	X Form 990 of other organizations X Approval by the board or compensation committee							
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing							
7	organization or a related organization:							
а	Receive a severance payment or change-of-control payment?	4a		X				
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х				
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.							
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any							
	compensation contingent on the revenues of:							
а	The organization?	5a		X				
b	Any related organization?	5b		X				
•	If "Yes" to line 5a or 5b, describe in Part III.							
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:			3.7				
а	The organization?	6a		X				
D	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6b		X				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed							
′		,		v				
8	payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	7		X				
0								
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Rest III	8		Х				
9	in Part III	-						
9	Regulations section 53.4958-6(c)?	9						
		ı <i>3</i>		ì				

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

Schedule J (Form 990) 2013

35-1793680

Schedule J (Form 990) 2013

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
BRIAN E. PAYNE	(i)	234,027.	(0	30,291.	20,003.	284,321.	0
1 PRESIDENT & CEO	(ii)	78,009.	(0	10,097.	6,668.	94,774.	0
ROBERT MACPHERSON	(i)	90,542.	(0	14,193.	11,556.	116,291.	0
2 VP DEVELOPMENT	(ii)	53,175.	(0	8,335.	6,787.	68,297.	0
ELIZABETH TATE	(i)	69,380.	(0	13,723.	9,497.	92,600.	0
3 VP GRANTMAKING	(ii)	56,765.	(0	11,228.	7,770.	75,763.	0
	(i)							
4	(ii)							
	(i)							L
_ 5	(ii)							
	(i)							L
_ 6	(ii)							
	(i)							L
_7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							L
11	(ii)							
	(i)							L
12	(ii)							
	(i)							L
13	(ii)							
	(i)							
14	(ii)		·					
	(i)			l				
15	(ii)							
	(i)							
_16	(ii)							
							Sch	edule J (Form 990) 2013

Schedule J (Form 990) 2013

CENTRAL INDIANA COMMUNITY FOUNDATION INC 35-1793680

Schedule J (Form 990) 2013

Part | Supplemental Information

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

Schedule J (Form 990) 2013

Noncash Contributions

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

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

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection **Employer identification number**

CENTRAL INDIANA COMMUNITY FOUNDATION INC 35-1793680 **Types of Property** Part I (c) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures Art - Fractional interests 3 Books and publications 4 Clothing and household goods...... 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 31. 2,193,027. SELLING PRICE 9 Securities - Publicly traded 1. 19,926,875. Χ SELLING PRICE 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ►(_____) 26 Other ►(_____) Other ►(_____ 27 28 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 Yes Nο 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Χ

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

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

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

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

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

contributions?

b If "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) (2013)

31

32a

X

X

Schedule M (Form 990) (2013) Page **2**

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

SCHEDULE M QUESTION 32

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

CONTRIBUTIONS.

SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36.

(e) EIN of recipient

(d) Method of

determining FMV for

asset(s) distributed or

transaction expenses

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

(c) Fair market value of

asset(s) distributed or

amount of transaction

expenses

Attach to Form 990 or 990-EZ.

(b) Date of

distribution

▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public

(g) IRC section of

recipient(s) (if

tax-exempt) or type

of entity

Inspection
Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

(a) Description of asset(s)

distributed or transaction

expenses paid

Part I can be duplicated if additional space is needed.

35–1793680

(f) Name and address of recipient

								Yes	No	
2	Did or will any officer, director, trustee, or		-				2a			
a	a Become a director or trustee of a successor or transferee organization?									
b	Become an employee of, or independent c	contractor for, a succ	cessor or transferee or	ganization?			2b			
C	Become a direct or indirect owner of a succ	cessor or transferee	e organization?				2c			
	Receive, or become entitled to, compensation						2d			
	If the organization answered "Yes" to any				d explain in Part II	l. ► Schedule N (Form 000 1	100 E3\	(2012	

JSA 3E1302 1.000

33 1733000

Schedule N (Form 990 or 990-EZ) (2013)

Part I Liquidation, Termination, or	Dissolution (co	ontinued)						
Note. If the organization distributed all	of its assets duri	ing the tax year, the	en Form 990, Part X, colu	mn (B), line 16 (Total assets), and line 26		Yes	No
(Total liabilities), should equal -0								
3 Did the organization distribute its assets in	accordance with it	s governing instrumen	t(s)? If "No," describe in Part	III		3		
4 a Is the organization required to notify the a	ttorney general or	other appropriate stat	e official of its intent to dissolv	ve, liquidate, or term	ninate?	4a		
b If "Yes," did the organization provide such r						4b		
5 Did the organization discharge or pay all o	of its liabilities in ac	cordance with state law	vs?			5		
6 a Did the organization have any tax-exempt	bonds outstanding	during the year?				6a		
b Did the organization discharge or defease	all of its tax-exemp	pt bond liabilities duri	ng the tax year in accordance	with the Internal Re	evenue Code and state laws?	6b		
c If "Yes" to line 6b, describe in Part III how	the organization of	defeased or otherwise	settled these liabilities. If "No,"	explain in Part III.				
Part II Sale, Exchange, Disposition	, or Other Tra	ansfer of More T	han 25% of the Orga	anization's Ass	sets. Complete this part if the orga	anization	ansv	vered
"Yes" to Form 990, Part IV, li	ne 32, or Form	990-EZ, line 36.	Part II can be duplicate	ed if additional	space is needed.			
1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	rec tax-ex	C section pient(s) empt) of entity	i (if r type
					INDIANAPOLIS FOUNDATION INC			
CASH & EQUIVALENTS	12/31/2013	9,349,339.	MARKET VALUE	45-4618430	615 N ALABAMA STREET, SUITE 119	501(C)	3)	
					INDIANAPOLIS FOUNDATION INC			
INVESTMENTS	12/31/2013	119,742,631.	MARKET VALUE	45-4618430	615 N ALABAMA STREET, SUITE 119	501(C)	3)	
					INDIANAPOLIS FOUNDATION INC			
CONTRIBUTIONS & GRANTS RECEIVABLE	12/31/2013	1,302,399.	MARKET VALUE	45-4618430	615 N ALABAMA STREET, SUITE 119	501(C)	3)	
					INDIANAPOLIS FOUNDATION INC			
ACCRUED INVESTMENT INCOME	12/31/2013	19,686.	MARKET VALUE	45-4618430	615 N ALABAMA STREET, SUITE 119	501(C)	3)	
					INDIANAPOLIS FOUNDATION INC			
CONTRIBUTIONS RECEIVABLE IN REM. TRUSTS	12/31/2013	166,243.	MARKET VALUE	45-4618430	615 N ALABAMA STREET, SUITE 119	501(C)	3)	
					INDIANAPOLIS FOUNDATION INC			
PROGRAM RELATED INVESTMENTS	12/31/2013	40,107.	MARKET VALUE	45-4618430	615 N ALABAMA STREET, SUITE 119	501(C)	3)	
					INDIANAPOLIS FOUNDATION INC			
PROPERTY & EQUIPMENT	12/31/2013	496,332.	MARKET VALUE	45-4618430	615 N ALABAMA STREET, SUITE 119	501(C)	3)	
					INDIANAPOLIS FOUNDATION INC			
OTHER ASSETS	12/31/2013	42,879.	MARKET VALUE	45-4618430	615 N ALABAMA STREET, SUITE 119	501(C)	3)	
					INDIANAPOLIS FOUNDATION INC			
DUE FROM OTHER FUNDS	12/31/2013	15,448,980.	MARKET VALUE	45-4618430	615 N ALABAMA STREET, SUITE 119	501(C)	3)	
							Yes	No
2 Did or will any officer, director, trustee, or	key employee of the	e organization:						
a Become a director or trustee of a successor						2a	X	
b Become an employee of, or independent of	contractor for, a suc	cessor or transferee or	ganization?			2b		Х
c Become a direct or indirect owner of a succ	cessor or transferee	e organization?				2c		Х
d Receive, or become entitled to, compensa	tion or other simila	ar payments as a resul	t of the organization's significa	ant disposition of as	sets?	2d		Х
e If the organization answered "Yes" to any								

Schedule N (Form 990 or 990-EZ) (2013)

Schedule N (Form 990 or 990-EZ) 2013

Supplemental Information. Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART II, LINE 2A

SEVERAL OF THE BOARD MEMBERS OF CENTRAL INDIANA COMMUNITY FOUNDATION INC.

ARE ALSO BOARD MEMBERS OF THE INDIANAPOLIS FOUNDATION INC.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Employer identification number

35-1793680

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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.

FORM 990 PART VI

QUESTION 4: THE ARTICLES AND BYLAWS WERE REVISED IN MAY OF 2013 TO REFLECT THE TRANSFER OF ASSETS FROM THE INDIANAPOLIS FOUNDATION CORPORATION TO THE INDIANAPOLIS FOUNDATION INC.

QUESTION 11B: ALL BOARD MEMBERS ARE PROVIDED WITH A COPY OF THE FORM 990 TO REVIEW AND ASK QUESTIONS OR REVISE BEFORE IT IS FILED WITH THE IRS. FORM 990 IS ALSO REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM.

QUESTION 12C: CONFLICT OF INTEREST POLICIES ARE COMPLETED ANNUALLY BY ALL BOARD MEMBERS AND STAFF. THE POLICY STATEMENTS ARE REVIEWED ANNUALLY BY OFFICERS OF CICF. A CONFLICT OF INTEREST LOG IS MAINTAINED WITH THE NAME AND RELATIONSHIP, IF ANY, WITH OTHER BOARD MEMBERS. WHEN FOUNDATION BUSINESS IS BEING CONDUCTED AND THERE IS A CONFLICT, THE BOARD OR STAFF MEMBERS ABSTAIN FROM VOTING ON RELATED MATTERS. THIS IS DOCUMENTED IN THE BOARD MINUTES.

Schedule O (Form 990 or 990-EZ) 2013 Page 2

QUESTION 15A & 15B: COMPARATIVE COMPENSATION INFORMATION IS GATHERED BY
THE HUMAN RESOURCE MANAGER AND USED TO DETERMINE APPROPRIATENESS OF
INDIVIDUAL COMPENSATION FOR ALL EMPLOYEES AS PART OF THE ANNUAL REVIEW
AND BUDGETING PROCESS. THIS REVIEW IS PERFORMED BY THE CEO AND CFO. THE
CHAIRMAN OF THE BOARD OF DIRECTORS PERFORMS A REVIEW AND MAKES A
RECOMMENDATION FOR COMPENSATION ADJUSTMENTS FOR THE CEO.

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.

PART XI LINE 9

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	515,003
CHANGE IN DEFINED BENEFIT PENSION PLAN	792,871
TRANSFERS AND OTHER EXCHANGES	(375,525)
TRANSFER TO RELATED ORGANIZATION	(147,867,292)
TOTAL:	(146,934,943)

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

ATTACHMENT 1

Schedule O (Form 990 or 990-EZ) 2013 Page **2**

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Solution 1 September 2 September 2

ATTACHMENT 1 (CONT'D)

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

HELPING FAMILIES OVERCOME OBSTACLES, CREATING GREAT PUBLIC SPACES,

AND EMBRACING OUR ETHNIC COMMUNITIES 3.) PHILANTHROPIC ADVISING TO

HELP PEOPLE MAKE THEIR CHARITABLE GIVING MORE THOUGHTFUL AND

ENJOYABLE. WE ACCOMPLISH THE ABOVE THROUGH OUR THREE INITIATIVES:

INSPIRING PLACES, FAMILY SUCCESS AND EDUCATION.

ATTACHMENT 2

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
APPNUITY, LLC P.O. BOX 4501 CARMEL, IN 46082	COMPUTER	118,315.
BKD, LLP	AUDIT	146,324.
201 N. ILLINOIS ST., SUITE 700 INDIANAPOLIS, IN 46204		
MILE OUT GROUP	CONGLICATION	104 220
THE OCL GROUP	CONSULTING	104,220.
815 GIST AVE.		
SILVER SPRING, MD 20910		

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION AMOUNT

LATINO SCHOLARSHIP DINNER 319,790.

SPECIAL EVENT 120,000.

TOTAL 439,790.

Schedule O (Form 990 or 990-EZ) 2013 Page 2

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

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
LATINO SCHOLARSHIP DINNER	23,000.		23,000.
SPECIAL EVENT	4,925.	100,156.	-95,231.
TOTALS	27,925.	100,156.	-72,231.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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

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

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled ity?
							Yes	No
(1) TECHPOINT FOUNDATION	35-2155455							
615 NORTH ALABAMA ST SUITE 119	INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)(3)	11A	CICF	X	
(2) INDIANAPOLIS PARKS FOUNDATION	35-1860468							
615 NORTH ALABAMA ST SUITE 119	INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)(3)	11A	CICF	X	
(3) MCCAW FAMILY FOUNDATION	35-2057394							
615 NORTH ALABAMA ST SUITE 119	INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)(3)	11A	CICF	X	
(4) THE INDIANAPOLIS FOUNDATION	35-0868115							
615 N. ALABAMA ST SUITE 119	INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)(3)	7	CICF	X	
(5) THE WILLIAM E. ENGLISH FOUNDATION	35-0929970							
	INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)(3)	11A	INDPLS FDN		Х
(6) THE INDIANAPOLIS FOUNDATION INC.	45-4618430							
	INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)(3)	7	CICF	X	
_(7)								

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

Schedule R (Form 990) 2013

JSA 3E1307 1.000 Schedule R (Form 990) 2013

Part	because it had one or r						swered res	OH F	OIIII	990, Pait IV, I	ne s	04	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Dispro	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	(j) eral or aging tner?	(k) Percentage ownership
			Country)		000000000000000000000000000000000000000			Yes	No]	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b	(i) ection (b)(13) trolled
								Yes	
(1) CHARITABLE REMAINDER TRUST (7)									
615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204	CRUT	IN	N/A						Х
(2)									
<u>(3)</u>									
<u>(4)</u>									
<u>(5)</u>									
<u>(6)</u>									
<u>(7)</u>									

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Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b	Х	
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
d	Loans or loan guarantees to or for related organization(s)	1d		Х
е		1e		Х
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
,	20000 01 100 111000, 04 04 104 1110 1100 110			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	х	
ï	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
0	Sharing of paid employees with related organization(s)	10	X	
U	onaling of paid employees with related organization(s)	10	21	
р	Reimbursement paid to related organization(s) for expenses	1р	Х	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
ч	rembursement paid by related organization(s) for expenses	14	21	
	Other transfer of cash or property to related organization(s)	1r		Х
S	Other transfer of cash or property from related organization(s)	1s		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 thres			
	(a) (b) (c)	(d)	••	
	Name of related organization Transaction Amount involved Method of	of dete		ıg
	type (a-s) amou	ınt invo	olved	
(1)				
(' '				
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				
(6)				

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Part V

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	reign income (related,		partners tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
(4)				section 512-514)	Yes	No			Yes	No	, ,	Yes	No		
(2)															
(3)															
<u>(4)</u>															
(5)															
(6)															
<u>(7)</u>															
(8)															
<u>(9)</u>															
(10)															
(11)															
(12)															
<u>(13)</u>															
(14)															
(15)															
(16)															

JSA

3E1310 1.000

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 Page **5**

Part VII Supplemental Information

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

Exempt Organization Business Income Tax Return Form **990-T** OMB No. 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2013 or other tax year beginning ➤ See separate instructions.

► Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Employer identification number Check box if Name of organization (Check box if name changed and see instructions.) (Employees' trust, see instructions.) address changed **B** Exempt under section CENTRAL INDIANA COMMUNITY FOUNDATION INC Print X | 501(C)(3) Number, street, and room or suite no. If a P.O. box, see instructions. 35-1793680 E Unrelated business activity codes 408(e) 220(e) Type (See instructions.) 615 NORTH ALABAMA STREET 119 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) C Book value of all assets INDIANAPOLIS, IN 46204 525990 at end of year Group exemption number (See instructions.) ▶ 389,932,395. Check organization type ► X 501(c) corporation 401(a) trust Other trust H Describe the organization's primary unrelated business activity. ▶ PARTNERSHIP INCOME During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ JENNIFER BARTENBACH Telephone number ▶ 317-634-2423 (A) Income Part I Unrelated Trade or Business Income (C) Net (B) Expenses Gross receipts or sales Less returns and allowances c Balance ▶ Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 458,584. 458,584. Capital gain net income (attach Form 8949 and Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts С 4c 5 Income (loss) from partnerships and S corporations (attach statement) 5 -207,088. ATCH 1 -207,088. Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 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 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule.) 12 251,496. Total. Combine lines 3 through 12. 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K). 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Interest (attach schedule) 18 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules.) 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22 22b 23 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 27 28 Other deductions (attach schedule)

JSA For Paperwork Reduction Act Notice, see instructions.

enter the smaller of zero or line 32

29

30

31

32

33

Form **990-T** (2013)

251,496.

251,496.

1,000.

Total deductions. Add lines 14 through 28

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32,

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)

28

30

31

32

Par	t III	Tax Computation		
35		cations Taxable as Corporations. See instructions for tax computation. Controlled ground	nb	
		s (sections 1561 and 1563) check here 🕨 🔛 See instructions and:	Line	
а	Enter yo	our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	100000000000000000000000000000000000000	
	(1) \$	(2) \$ (3) \$		
ь	Enter or	ganization's share of: (1) Additional 5% tax (not more than \$11,750) , \$		
	(2) Addit	ional 3% tax (not more than \$100,000)	17 17 13	
C	Income :	tax on the amount on line 34	▶ 35c	
36	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax	1 1	
		unt on line 34 from: Tax rate schedule or Schedule D (Form 1041),		
37		x. See instructions ,		
38	Alternati	ve minimum tax	38	
39		dd lines 37 and 38 to line 35c or 36, whichever applies	39	
		Tax and Payments	Heart to	
40 a		tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a		
		edits (see instructions)		
C .	General	business credit. Attach Form 3800 (see instructions)		
d -	Credit to	or prior year minimum tax (attach Form 8801 or 8827)		
		t line 40e from line 39		
41 42	Other tay	es. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedul	ie) 42	
		x. Add lines 41 and 42		(
43		ts: A 2012 overpayment credited to 2013		
44 a b	2013 Ac	timated tax payments		
c		osited with Form 8868	infilia:	
d		organizations: Tax paid or withheld at source (see instructions)	The part of the pa	
e		withholding (see instructions)		
f		or small employer health insurance premiums (Attach Form 8941) 44f		
g	Other ci	redits and payments: Form 2439	***************************************	
	F	orm 4136 Other Total ▶ 44g	The Party	
45	Total pa	ayments. Add lines 44a through 44g	45	
46	Estimate	ed tax penalty (see instructions). Check if Form 2220 is attached.	46	
47		If line 45 is less than the total of lines 43 and 46, enter amount owed		
48		wment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		
49		s amount of line 45 you want. Ordated to 2014 commence the		
Pa	i V	Statements Regarding Certain Activities and Other Information (see instruction imediated during the 2013 calendar year, did the organization have an interest in or a signature or other auti	hority over	a financial Yes No
1	At any t	ime during the 2013 calendar year, did the organization have an interest in or a signature or other data. (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-2.	2.1. Report	of Foreign
		d Financial Accounts. If YES, enter the name of the foreign country here ▶ CAYMAN ISLAND		X
2		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign trus	st? X
_		see instructions for other forms the organization may have to file.		
3	-	ne amount of tax-exempt interest received or accrued during the tax year 🕨 \$		
Sch		A - Cost of Goods Sold. Enter method of inventory valuation ▶		
1		ry at beginning of year 1 6 Inventory at end of year	6	
2	Purchas	es	ine	
3	Cost of	labor	in 📗	<u>.</u>
4 a	Addition	nal section 263A costs Part 1, line 2,	7	<u> </u>
	(attach	schedule) 4a 8 Do the rules of section 263A		**** *********************************
þ	Other c	osts (attach schedule) . 4b property produced or acquired		
5	Total. A	dd lines 1 through 4b - 5 to the organization?	best of my k	nowledge and belief it is true
۵.	correc	penalties of perjury, I declare that I have examined this return, including accompanying screedules and statements, and to the ct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Sig	n 📗	i •		RS discuss this return
He		ature of officer Date Title	with the (see instru	e preparer shown below ctions)? X Yes No
	Sign	Print/Type preparer's name Preparer's signature Date / 1//		PTIN
Pai	d	JOYCE A DULWORTH	Self-employe	if P00151125
Pre	parer		Firm's EIN	04.600.60
Use	e Only	Fim's address > 200 E. MAIN ST. SUITE 100	Phone no.	260-460-4000
		FORT WAYNE, IN 46802		Form 990-T (2013

Form 990-T (2013) Page **3**

Schedule C - Rent Income (see instructions)	(From Real P	roperty a	and Perso	onal Prope	erty	Leased Wi	th Real Prope	erty)		
1. Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent recei	ved or accr	ued							
for personal property is more than 10% but not percentage			ntage of rent	nd personal prop for personal prop is based on pro	perty	exceeds			nected with the income) (attach schedule)	
(1)										
(2)										
(3)										
(4)										
Total		Total								
(c) Total income. Add totals of co here and on page 1, Part I, line 6 Schedule E - Unrelated De	, column (A)	.´. ▶		4:>			(b) Total deducti Enter here and o Part I, line 6, colu	n page 1,	•	
Schedule E - Officialed De	ebt-Financeu ii	icome (s		tions)		3. De	ductions directly co	nnected w	ith or allocable to	
1. Description of deb	t-financed property			s income from e to debt-financ			debt-finan	anced property		
The Booking tion of doc	t interioda proporty			property			line depreciation schedule)	(b) Other deductions (attach schedule)		
(1)					(attaci	i soriculic)	(attach schedule)		
(1)										
(2) (3)										
(4)										
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)					%					
(2)					%					
(3)					%					
(4)					%					
Totals Total dividends-received deduct	i ons included in co	olumn 8			>		and on page 1, 7, column (A).		ere and on page 1, line 7, column (B).	
Schedule F - Interest, Anr	uities, Royalti	es, and I	Rents Fro	om Contro	lled	Organizati	ons (see instru	uctions)		
		E	Exempt Co	ontrolled Org	ganiz	zations				
Name of controlled organization	2. Employer identification nu	I	3. Net unrelated income 4. To		otal of specified lyments made 5. Part of colum included in the organization's gr		controlling	6. Deductions directly connected with income in column 5		
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	nizations									
7. Taxable Income	8. Net unrelated income (loss) (see instructions)			5. Total of specified		includ	rt of column 9 that is ed in the controlling cation's gross income	cor	Deductions directly nnected with income in column 10	
(1)										
(2)										
(3)			1							
(4)										
						Enter	columns 5 and 10. here and on page 1, , line 8, column (A).	En	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).	
Totals						P				

Form **990-T** (2013)

Page 4

Schedule G - Investment In	ncome of a Sec	tion 501(c)(7)		inization (s	see instruc	tions)	
1. Description of income	2. Amount of income		 Deductions directly connected (attach schedule) 		4. Set-asid (attach sche		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)							
(2)							
(3)							
(4)							
	Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
	Tart i, inic 3, o	olumii (71).					r art i, iiile 5, colainii (b)
Totals ▶							
Schedule I - Exploited Exe	empt Activity In	come, Other Ti	nan Advertising Ir	ncome (see	e instructio	ns)	
		3 Evenence	4. Net income (loss) from				7. Excess exempt
	2. Gross unrelated	Expenses directly	unrèlated trade or	5. Gross in		6. Expenses	expenses
1. Description of exploited activity	business income	connected with production of	business (column 2 minus column	from activities is not unre	ty that	attributable to	(column 6 minus column 5, but not
	from trade or business	unrelated business income	3). If a gain, compute cols. 5	business in		column 5	more than column 4).
		business income	through 7.				Column 4).
(1)							
(2)							
(3)							
(4)							
	Enter here and on	Enter here and on					Enter here and
	page 1, Part I, line 10, col. (A).	page 1, Part I, line 10, col. (B).					on page 1, Part II, line 26.
Totals ▶							
Schedule J - Advertising In	come (see instr	uctions)					
Part I Income From Per	iodicals Report	ed on a Conso	lidated Basis				
			A Advantision				7. Excess readership
	2. Gross		4. Advertising gain or (loss) (col.				costs (column 6
1. Name of periodical	advertising	Direct advertising costs	2 minus col. 3). If	5. Circula incom		6. Readership costs	minus column 5, but
	income	advertising costs	a gain, compute	lincom		00313	not more than
			cols. 5 through 7.				column 4).
(1)							
(2)							
(3)							
(4)							
Totals (carry to Part II, line (5))							
Part II Income From Pe		ted on a Sepa	arate Basis (For	each perio	dical liste	d in Part	II, fill in columns
2 through 7 on a l			`	•			
			4 Advertising				7. Excess readership
	2. Gross		4. Advertising gain or (loss) (col.				costs (column 6
1. Name of periodical	advertising	Direct advertising costs	2 minus col. 3). If	5. Circula incom		6. Readership costs	minus column 5, but
	income	aavortioning ocoto	a gain, compute			000.0	not more than
			cols. 5 through 7.				column 4).
(1)							
(2)							
(3)							
(4)							
Totals from Part I				•			
	Enter here and on	Enter here and on					Enter here and
	page 1, Part I, line 11, col. (A).	page 1, Part I line 11, col. (B).					on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	',''	, (,					
Schedule K - Compensation	n of Officers. D	irectors, and T	rustees (see instr	uctions)			
•			,	3. P	ercent of	4 Comp	ensation attributable to
1. Name			2. Title		devoted to usiness		related business
(1)					%		
(2)							
(3)							
(4)							
Total. Enter here and on page 1, P	Part II, line 14				^		
- 1-3							

Form **990-T** (2013)

ATTACHMENT 1

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

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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

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

OMB No. 1545-0123

2013

Name
CENTRAL INDIANA COMMUNITY FOUNDATION INC
35-1793680

Part	Short-Term Capital Gains and Losses	s - Assets Held Or	ne Year or Less			
	See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to or loss from Form	(s)	(h) Gain or (loss) Subtract column (e) from
	This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	8949, Part I, line column (g)	2,	column (d) and combine the result with column (g)
1 <i>a</i>	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1 b	O Totals for all transactions reported on Form(s) 8949 with Box A checked					
	Totals for all transactions reported on Form(s) 8949					
-	with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	324.				324.
4	Short-term capital gain from installment sales from	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	()
7	Net short-term capital gain or (loss). Combine lines	1a through 6 in column	h		7	324.
Part						
	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to or loss from Form 8949, Part II, line column (g)	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					(3)
8 b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	458,260.				458,260.
11	Enter gain from Form 4797, line 7 or 9		11			
12	Long-term capital gain from installment sales from F		12			
13	3 Long-term capital gain or (loss) from like-kind exchanges from Form 8824					
14	4 Capital gain distributions (see instructions)					
15 Part	Net long-term capital gain or (loss). Combine lines 8	a through 14 in column	h		15	458,260.
16	Enter excess of net short-term capital gain (line 7) of	ver net long-term capita	Il loss (line 15)		16	324.
17	Net capital gain. Enter excess of net long-term capi	tal gain (line 15) over n	et short-term capital lo	ss (line 7)	17	458,260.
18	Add lines 16 and 17. Enter here and on Form 1120	, page 1, line 8, or the	proper line on other re	turns	18	458,584.
	Note. If losses exceed gains, see Capital losses in the	instructions.				

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

Schedule D (Form 1120) (2013)

Form 8949

Sales and Other Dispositions of Capital Assets

▶Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

2013
Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Social security number or taxpayer identification number

35-1793680

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Short-Term. Transactions involving capital assets you held one year or less are short-term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

Schedule D, line 1a;	you are not	required to	report these tra	ansactions or	n Form 8949	9 (see instructio	ns).
You <i>must</i> check Box A, B, <i>or</i> C be		-			•		
complete a separate Form 8949,			•			tions than will fit o	n this page
for one or more of the boxes, com	-	=					
(A) Short-term transactions repo			-			e)	
(B) Short-term transactions report (C) Short-term transactions not			-	eported to the II	RS		
X (C) Short-term transactions not	reported to you	on Form 1099	I-B		Adiostros est 16	(
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the	If you enter an a	any, to gain or loss. amount in column (g), de in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
Description of property (Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed (Mo., day, yr.)		Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ST CAPITAL GAIN			324.				324.
2 Totals. Add the amounts in column act negative amounts). Enter each your Schedule D, line 1b (if Box A Box B above is checked), or line 3	total here and above is check	d include on ed), line 2 (if	324.				324.

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions. $^{\rm JSA}_{\rm JSA}$ $^{\rm JSA}_{\rm C000}$

Form 8949 (2013)

Form 8949 (2013) Attachment Sequence No. 12A Page 2

Name(s) shown on return. (Name and SSN or taxpayer identification no. not required if shown on other side.)

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part II Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

	4	Adjustment, if any, to gain or loss.						
Ŀ	Χ	(F) Long-term transactions not reported to you on Form 1099-B						
Ĺ		(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS						
Ĺ		(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)						
m	ore	ore of the boxes, complete as many forms with the same box checked as you need.						

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo day yr) (is posed		(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	Adjustment, if a If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
(Example: 100 St. A12 Co.)	(Example: 100 sh. XYZ Co.) (Mo., day, yr.) (sales price) (see instructions)	see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment			
LT CAPITAL GAIN			458,260.				458,260.
2 Totals. Add the amounts in cold (subtract negative amounts). E include on your Schedule D, lin	nter each tota e 8b (if Box D	I here and above is					
checked), line 9 (if Box E above (if Box F above is checked) ▶	e is checked),	or line 10	458,260.				458,260.

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

V 13-7.5F

Form **8949** (2013)

FEDERAL ELECTIONS

DESCRIPTION: SECTION 59(E)(2) EXPENDITURES

FORM & LINE/INSTRUCTION REFERENCE: FORM 990-T, PART I, LINE 5

REGULATION REFERENCE: IRS SEC. 59(E)(1); REG. 1.59-1(B)(1)

PURSUANT TO IRC SECTION 59(E)(4), TAXPAYER HEREBY ELECTS TO CAPITALIZE AND AMORTIZE THE FOLLOWING EXPENDITURES OVER THE PERIOD TIME INDICATED.

TYPE OF EXPENDITURES: INTANGIBLE DRILLING COSTS CODE SECTION NO.: IRC SEC. 263(C)

AMORTIZATION PERIOD: 5 YEARS (60 MONTHS)

TAXPAYER ELECTS TO CAPITALIZE AND AMORTIZE INTANGIBLE DRILLING COSTS REPORTED ON THE FOLLOWING K-1'S:

NATURAL GAS PARTNERS IX LP EIN: 26-0632609 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$86,454

KAYNE ANDERSON ENERGY FUND III (QP) LP EIN: 83-0407922 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$4,570

KAYNE ANDERSON ENERGY FUND IV (QP) LP EIN: 20-5659373 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$99,919

KAYNE ANDERSON ENERGY FUND VI (QP) LP EIN: 38-3865939 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$9,675

TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWMENT FUND II LP EIN: 32-0300512 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$5

AMBERBROOK IV LLC EIN: 33-1102798 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$287

AMBERBROOK V LLC EIN: 80-0144875 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$378

AMBERBROOK VI LLC EIN: 90-0806597 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$1

ENCAP ENERGY CAPITAL FUND IX LP EIN: 80-0860738 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$3,039

YORKTOWN ENERGY PARTNERS IX LP EIN: 27-3125579 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$48,840

KINDER MORGAN ENERGY PARTNERS LP EIN:76-0380342 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$3,856

SCHEDULE O (Form 1120)

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Consent Plan and Apportionment Schedule for a Controlled Group

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.

Information about Schedule O (Form 1120) and its instructions is available at www.irs.gov/form1120.

OMB No. 1545-0123

Employer identification number CENTRAL INDIANA COMMUNITY FOUNDATION INC 35-1793680 Part I Apportionment Plan Information Type of controlled group: X Parent-subsidiary group b Brother-sister group C Combined group Life insurance companies only This corporation has been a member of this group: For the entire year. From ______, until _______. 3 This corporation consents and represents to: a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on ______, and for all succeeding tax years. Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending ______, and for all succeeding tax years. Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan. Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on , and for all succeeding tax years. 4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was: Elected by the component members of the group. Required for the component members of the group. 5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions). | X | No apportionment plan is in effect and none is being adopted. An apportionment plan is already in effect. It was adopted for the tax year ending , and for all succeeding tax years. 6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions. Yes. The statute of limitations for this year will expire on (i) On this corporation entered into an agreement with the Internal Revenue Service to (ii) extend the statute of limitations for purposes of assessment until No. The members may not adopt or amend an apportionment plan. 7 Required information and elections for component members. Check the applicable box(es) (see instructions). _ The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income. b ___ The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1). The corporation has a short tax year that does not include December 31. For Paperwork Reduction Act Notice, see Instructions for Form 1120. Schedule O (Form 1120) (Rev. 12-2012)

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such

member's tax return.			Taxable Income Amount Allocated to Each Bracket					
(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) Total (add columns (c) through (f))	
1 TECHPOINT FOUNDATION	35-2155455	2013-12	0.00	0.00	0.00	0.00		
2 INDIANAPOLIS PARKS FOUNDATION	35-1860468	2013-2	0.00	0.00	0.00	0.00		
3 MCCAW FAMILY FOUNDATION	35-2057394	2013-12	0.00	0.00	0.00	0.00		
4 THE INDIANAPOLIS FOUNDATION	35-0868115	2013-12	0.00	0.00	0.00	0.00		
5 THE INDIANAPOLIS FOUNDATION INC.	45-4618430	2013-12	0.00	0.00	0.00	0.00		
6 CENTRAL INDIANA COMMUNITY FOUNDATION	35-1793680	2013-12	0.00	0.00	0.00	0.00		
7 THE WILLIAM E ENGLISH FOUNDATION	35-0929970	2013-12	50,000.00	631.00	0.00	0.00	50,631.00	
8								
9								
10								
Total		Control of the contro	50,000.00	631.00			50,631.00	

Schedule O (Form 1120) (Rev. 12-2012)

Part III Income Tax Apportionment	Income Tax Apportionment								
(a) Group member's name	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))		
1 TECHPOINT FOUNDATION	0.00	0.00	0.00	0.00	0.00	0.00			
2 INDIANAPOLIS PARKS FOUNDATION	0.00	0.00	0.00	0.00	0.00	0.00			
3 MCCAW FAMILY FOUNDATION	0.00	0.00	0.00	0.00	0.00	0.00			
4 THE INDIANAPOLIS FOUNDATION	0.00	0.00	0.00	0.00	0.00	0.00			
5 THE INDIANAPOLIS FOUNDATION INC.	0.00	0.00	0.00	0.00	0.00	0.00			
6 CENTRAL INDIANA COMMUNITY FOUNDATION	0.00	0.00	0.00	0.00	0.00	0.00			
7 THE WILLIAM E ENGLISH FOUNDATION	7,500.00	158.00	0.00	0.00	0.00	0.00	7,658.00		
8							<u> </u>		
9				1					
10									
Total	7,500.00	158.00					7,658.00		

Schedule O (Form 1120) (Rev. 12-2012)

Part IV= Other Apportionments (See instructions) Other Apportionments (d) Phaseout of (e) Penalty for failure to pay estimated tax (f) Other (c) AMT (a) (b) Accumulated AMT exemption Group member's name earnings credit exemption amount amount 3 7 8 9 10 Total

Schedule O (Form 1120) (Rev. 12-2012)

Central Indiana Community Foundation NOL CARRYFORWARD 12/31/2013

2006	(238,858)
2007	(210,022)
2008	(981,757)
2009	(947,021)
2010	(595,184)
2011	722,254
2012	(253,930)
2013	251,496

TOTAL (2,253,022)



Public Disclosure for Tax-Exempt Organizations

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

Effective for Returns Filed After August 17, 2006

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

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

Where Must Information be Provided?

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

How Quickly Must Organizations Reply?

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



Public Disclosure Rules for Form 990

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

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

Public Inspection

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

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

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

Fees

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

Penalties

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

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

Written Requests

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

What Can an Organization Charge?

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

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

Local or Subordinate Organizations

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

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

Using the Internet

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

BKD TAX506 9-06 downloaded, viewed or printed in the same format as the actual documents. Obviously, an organization would need to make the Worldwide Web address available to the general public.

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

What if the Requests are a Form of Harassment?

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

Conclusion

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

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