

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

Form **990**

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

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC			D Employer identification number 35-1793680	
	Doing Business As				
	Number and street (or P.O. box if mail is not delivered to street address) 615 NORTH ALABAMA STREET		Room/suite 119	E Telephone number (317) 634-2423	
	City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46204			G Gross receipts \$ 115,564,898.	
F Name and address of principal officer: BRIAN PAYNE 615 NORTH ALABAMA STREET INDIANAPOLIS, IN 46204			H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>		
J Website: ▶ WWW.CICF.ORG			H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1997 M State of legal domicile: IN		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>CICF EXISTS TO IMPROVE INDIANA TODAY AND FOREVER. CHARITABLE ASSETS ARE BUILT TO SUPPORT EFFECTIVE CHARITABLE ORGANIZATIONS WITH GRANTS AND PROVIDE LEADERSHIP TO ADDRESS NEEDS.</u>			
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	19.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	19.	
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	49.	
	6	Total number of volunteers (estimate if necessary)	19.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	251,496.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	31,014,303.	49,622,779.
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,612,740.	23,288,475.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	816,592.	339,787.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,443,635.	73,251,041.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	35,067,386.	32,472,120.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,057,698.	3,048,790.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,033,755.	3,469,526.	4,181,844.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	41,594,610.	39,702,754.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,849,025.	33,548,287.	
19	Revenue less expenses. Subtract line 18 from line 12	477,294,973.	389,932,395.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	26,413,299.	11,728,181.
	21	Total liabilities (Part X, line 26)	450,881,674.	378,204,214.
	22	Net assets or fund balances. Subtract line 21 from line 20.		

Part II Signature Block

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

Sign Here	Signature of officer _____ Date _____			
	Type or print name and title _____			
Paid Preparer Use Only	Print/Type preparer's name JOYCE A DULWORTH	Preparer's signature 	Date 11/13/14	Check <input type="checkbox"/> if self-employed PTIN P00151125
	Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260		
	Firm's address ▶ 200 E. MAIN ST. SUITE 700 FORT WAYNE, IN 46802	Phone no. 260-460-4000		
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

[] Yes [X] No

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

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

[] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 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.

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

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

4e Total program service expenses 36,345,168.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-20b detailing various organizational requirements and their completion status.

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed INDIANA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JENNIFER BARTENBACH 615 NORTH ALABAMA STREET SUITE 119 INDIANAPOLIS, IN 46 317-634-2423

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. X

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK E. HILL BOARD CHAIR	1.00	X		X				0	0	0
(2) ALAN A. LEVIN SECRETARY	1.00 2.00	X		X				0	0	0
(3) SARAH WILSON OTTE BOARD MEMBER	1.00 2.00	X						0	0	0
(4) HENRY L. FERNANDEZ BOARD MEMBER	1.00	X						0	0	0
(5) MARIANNE GLICK BOARD MEMBER	1.00	X						0	0	0
(6) PEGGY O. MONSON BOARD MEMBER	1.00 1.00	X						0	0	0
(7) JULIE MANNING MAGID BOARD MEMBER	1.00	X						0	0	0
(8) CYNTHIA SIMON SKJODT VICE-CHAIR	1.00 2.00	X		X				0	0	0
(9) JOSEPH L. SMITH, JR BOARD MEMBER	1.00	X						0	0	0
(10) CHARLES P. SUTPHIN BOARD MEMBER	1.00	X						0	0	0
(11) MILTON O. THOMPSON BOARD MEMBER	1.00 2.00	X						0	0	0
(12) LARRY J. SABLOSKY BOARD MEMBER	1.00 1.00	X						0	0	0
(13) GREGORY F. HAHN TREASURER	1.00 2.00	X		X				0	0	0
(14) TRACI DOLAN BOARD MEMBER	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) MARISOL SANCHEZ BOARD MEMBER	1.00	X					0	0	0	
16) CORBY D. THOMPSON BOARD MEMBER	1.00	X					0	0	0	
17) LEE WHITE BOARD MEMBER	1.00	X					0	0	0	
18) JERRY D. SEMLER BOARD MEMBER	1.00	X					0	0	0	
19) MICHAEL J. SIMMONS BOARD MEMBER	1.00	X					0	0	0	
20) BRIAN E. PAYNE PRESIDENT & CEO	31.00			X			234,027.	78,009.	67,059.	
21) KAY WHITAKER CFO (LEFT 1/11/13)	32.00			X			4,237.	1,648.	2,656.	
22) ROBERT MACPHERSON VP DEVELOPMENT	32.00			X			90,542.	53,175.	40,871.	
23) TERRY ANKER VP/PRESIDENT, LEGACY FUND	8.00			X			0	128,849.	10,886.	
24) ELIZABETH TATE VP GRANTMAKING	26.00			X			69,380.	56,765.	42,218.	
25) JENNIFER K. BARTENBACH CFO (STARTED 4/16/13)	32.00			X			86,736.	33,731.	4,171.	
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							587,735.	352,177.	192,573.	
d Total (add lines 1b and 1c)							587,735.	352,177.	192,573.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	439,790.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	49,182,989.				
	g Noncash contributions included in lines 1a-1f: \$		22,119,902.				
	h Total. Add lines 1a-1f			49,622,779.			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,652,129.		251,496.	5,400,633.
	4 Income from investment of tax-exempt bond proceeds . . .			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			17,636,346.			17,636,346.
	8a Gross income from fundraising events (not including \$ 439,790. of contributions reported on line 1c). See Part IV, line 18	ATCH 3					
	b Less: direct expenses	27,925.					
	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							
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue				Business Code			
11a OPERATING SUPPORT INCOME			900099	412,018.	412,018.		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d				412,018.			
12 Total revenue. See instructions				73,251,041.	412,018.	251,496.	22,964,748.

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	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.
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	2,061,855.	1,288,659.	773,196.	
g Other. (If line 11g amount exceeds 10% of line 25, column (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 Office expenses	102,389.	51,194.	30,717.	20,478.
14 Information technology	274,860.	137,430.	82,458.	54,972.
15 Royalties	0			
16 Occupancy	308,077.	154,039.	92,423.	61,615.
17 Travel	19,636.	9,818.	5,891.	3,927.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	44,410.	22,205.	13,323.	8,882.
20 Interest	0			
21 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.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>CONSULTING</u>	342,962.	171,481.	102,889.	68,592.
b <u>DUES & MEMBERSHIPS</u>	45,689.	22,844.	13,707.	9,138.
c <u>EMPLOYEE RELATIONS</u>	37,878.	18,939.	11,363.	7,576.
d <u>OTHER</u>	3,030.	1,515.	909.	606.
e All other expenses				
25 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	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	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 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	0
	14 Intangible assets	0	14	0
	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 line 34)	477,294,973.	16	389,932,395.	
Liabilities	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	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	15,036,740.	25	3,205,887.
	26 Total liabilities. Add lines 17 through 25	26,413,299.	26	11,728,181.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	435,534,639.	27	362,876,569.
	28 Temporarily restricted net assets	10,602,566.	28	10,092,914.
	29 Permanently restricted net assets	4,744,469.	29	5,234,731.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	450,881,674.	33	378,204,214.	
34 Total liabilities and net assets/fund balances	477,294,973.	34	389,932,395.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	73,251,041.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,702,754.
3	Revenue less expenses. Subtract line 2 from line 1	3	33,548,287.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	450,881,674.
5	Net unrealized gains (losses) on investments	5	40,709,196.
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	-146,934,943.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	378,204,214.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
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.

OMB No. 1545-0047

2013

Open to Public Inspection

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	Employer identification number 35-1793680
---	---

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

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

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

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

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

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.						99,169,056.

Section B. Total Support

Calendar 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. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	58.54%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	58.57%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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

Schedule of Contributors

2013

▶ **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	Employer identification number 35-1793680
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 4,647,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 2,050,102.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 1,165,939.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 1,222,186.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 1,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC	Employer identification number 35-1793680
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 20,926,875.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC	Employer identification number 35-1793680
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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 ----- ----- -----	\$ 427,099.	10/31/2013
7	CLOSELY HELD SECURITIES ----- ----- -----	\$ 19,926,875.	07/01/2013
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

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

Employer identification number
35-1793680

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 contain numerical data for total number at end of year, aggregate contributions, aggregate grants, and aggregate value.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Line number, Held at the End of the Tax Year. Rows 2a-2d contain numerical data for conservation easements.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations...
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

Schedule D (Form 990) 2013

JSA 3E1268 2.000

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

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 %
b Permanent endowment %
c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

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) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) POOLED RESOURCES	151,703,173.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	151,703,173.	

Part VIII Investments - Program Related.

Complete if the organization answered "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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INCOME BENEFICIARIES PAYABLE	3,205,887.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,205,887.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	115,268,111.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a 40,709,196.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 1,307,874.		
e	Add lines 2a through 2d		2e	42,017,070.
3	Subtract line 2e from line 1		3	73,251,041.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	73,251,041.

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

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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 375,525.		
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	39,702,754.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS

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

ASC 740 FOOTNOTE

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

PART XI LINE 2D

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	515,003
CHANGE IN DEFINED BENEFIT PENSION PLAN	792,871
TOTAL:	\$1,307,874

PART XII LINE 2D

TRANSFERS AND OTHER EXCHANGES	\$375,525
-------------------------------	-----------

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		SCHLRSHIP DINNER (event type)	SPECIAL EVENT (event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	342,790.	124,925.	467,715.	
	2	Less: Contributions	319,790.	120,000.	439,790.	
	3	Gross income (line 1 minus line 2)	23,000.	4,925.	27,925.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		100,156.	100,156.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				100,156.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-72,231.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 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 115 W. WASHINGTON ST. SUITE 1180 S	350868114	501(C)(3)	6,000.				PROGRAM SUPPORT
(11) AMERICAN PIANISTS ASSOCIATION, INC. 4603 CLARENDON RD. SUITE 030	310969640	501(C)(3)	82,168.				PROGRAM SUPPORT
(12) ART WITH A HEART 1125 BROOKSIDE AVE. STE B1	020570317	501(C)(3)	55,672.				PROGRAM SUPPORT

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

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

Schedule I (Form 990) (2013)

JSA

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**SCHEDULE I
(Form 990)**

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

2013

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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 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
(7) BENJAMIN HARRISON PRESIDENTIAL SITE 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 government organizations listed in the line 1 table

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

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 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 government organizations listed in the line 1 table

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

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

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

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 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	956006173	501(C)(3)	9,600.				PROGRAM SUPPORT
(3) CATHOLIC CHARITIES INDIANAPOLIS 1400 N. MERIDIAN ST., RM. #217 P.O. BOX 141	351018460	501(C)(3)	9,500.				PROGRAM SUPPORT
(4) CENTER FOR LEADERSHIP DEVELOPMENT, INC. 2425 DR. MARTIN LUTHER KING JR. ST.	351389882	501(C)(3)	70,760.				PROGRAM SUPPORT
(5) CENTER FOR SUCCESSFUL PARENTING 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 3960 MEADOWS DR. INDIANAPOLIS, IN 46205	352151971	501(C)(3)	7,500.				PROGRAM SUPPORT
(10) CHATHAM ARCH NEIGHBORHOOD FOUNDATION 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 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 government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 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) CRISTEL 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

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Schedule I (Form 990) (2013)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2013

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Department of the Treasury
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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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(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

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
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Department of the Treasury
Internal Revenue Service

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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(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

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OMB No. 1545-0047

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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1 (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) 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

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Name of the organization

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Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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(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

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(1) FRACTURED ATLAS 248 W. 35TH ST. 10TH FL. NEW YORK, NY 10001	113451703	501(C)(3)	5,500.				PROGRAM SUPPORT
(2) FRANKLIN TOWNSHIP EDUCATION FOUNDATION 6141 S. FRANKLIN RD. INDIANAPOLIS, IN 46259	352000204	501(C)(3)	34,130.				PROGRAM SUPPORT
(3) FREEWHEELIN' COMMUNITY BIKES 3355 N. CENTRAL AVE. INDIANAPOLIS, IN 46205	263748830	501(C)(3)	9,240.				PROGRAM SUPPORT
(4) FRIENDS OF GARFIELD PARK, INC. 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 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

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(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

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(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HARRISON CENTER FOR THE ARTS, INC. 1505 NORTH DELAWARE INDIANAPOLIS, IN 46202	010798626	501(C)(3)	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 government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 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 government organizations listed in the line 1 table

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Schedule I (Form 990) (2013)

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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Internal Revenue Service

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35-1793680

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(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

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 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 government organizations listed in the line 1 table
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Schedule I (Form 990) (2013)

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**SCHEDULE I
(Form 990)**

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

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(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

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Schedule I (Form 990) (2013)

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(Form 990)**

**Grants and Other Assistance to Organizations,
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(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 government organizations listed in the line 1 table
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Schedule I (Form 990) (2013)

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**SCHEDULE I
(Form 990)**

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

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(1) JAMESON, INC. 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

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Schedule I (Form 990) (2013)

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(Form 990)**

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

2013

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Name of the organization

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Employer identification number

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 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	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 government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 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 government organizations listed in the line 1 table

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

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 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
(4) MILAN 54, INC. 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 government organizations listed in the line 1 table

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

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NEW LIFE DEVELOPMENT MINISTRIES, INC. 2819 CLIFTON ST. INDIANAPOLIS, IN 46208	300271044	501(C)(3)	77,500.				PROGRAM SUPPORT
(2) NEW TRIBES MISSION 1000 E. FIRST ST. SANFORD, FL 32771	396024926	501(C)(3)	28,067.				PROGRAM SUPPORT
(3) NEWSEUM, INC. 555 PENNSYLVANIA AVE. NW	203985447	501(C)(3)	200,000.				PROGRAM SUPPORT
(4) NOBLE OF INDIANA 7701 E. 21ST ST.	350924720	501(C)(3)	42,000.				PROGRAM SUPPORT
(5) NOBLE, INC. DBA NOBLE OF INDIANA 7701 E. 21ST ST.	350924720	501(C)(3)	9,500.				PROGRAM SUPPORT
(6) OASIS INDIANAPOLIS 10800 E. WASHINGTON ST.	431830354	501(C)(3)	30,000.				PROGRAM SUPPORT
(7) OLD NORTHSIDE FOUNDATION, INC. 1539 N. COLLEGE AVE. INDIANAPOLIS, IN 46202	351804206	501(C)(3)	15,000.				PROGRAM SUPPORT
(8) ORCHARD PARK PRESBYTERIAN CHURCH 1605 E. 106TH ST. INDIANAPOLIS, IN 46280	236393377	RELIGIOUS ORGAN	12,000.				PROGRAM SUPPORT
(9) OUR MILITARY KIDS 6861 ELM ST. SUITE 2A MCLEAN, VA 22101	562483648	501(C)(3)	50,000.				PROGRAM SUPPORT
(10) OUTREACH, INC. P.O. BOX 11416 INDIANAPOLIS, IN 46201	351989358	501(C)(3)	42,872.				PROGRAM SUPPORT
(11) PACE, INC. 2855 N. KEYSTONE AVE. SUITE 110	351062235	501(C)(3)	100,000.				PROGRAM SUPPORT
(12) PARK TUDOR SCHOOL 7200 N. COLLEGE AVE. INDIANAPOLIS, IN 46240	350909976	501(C)(3)	87,900.				PROGRAM SUPPORT

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

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

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Schedule I (Form 990) (2013)

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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 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 government organizations listed in the line 1 table

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 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. 8401 WESTFIELD BLVD. ROOM D102	381949371	501(C)(3)	10,000.				PROGRAM SUPPORT
(10) PROJECT SUCCESS OF EASTERN BUREAU COUNTY 500 N. TERRY ST. SPRING VALLEY, IL 61362	364015682	501(C)(3)	11,000.				PROGRAM SUPPORT
(11) PROPYLAEUM HISTORIC FOUNDATION 1410 N. DELAWARE ST. INDIANAPOLIS, IN 46202	311015937	501(C)(3)	6,360.				PROGRAM SUPPORT
(12) PROVIDENCE CRISTO REY HIGH SCHOOL 75 N. BELLEVIEW PL.	350868174	501(C)(3)	6,000.				PROGRAM SUPPORT

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

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 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	043481253	501(C)(3)	16,960.				PROGRAM SUPPORT
(4) REBUILD FOUNDATION 6916 S. DORCHESTER AVE. CHICAGO, IL 60637	271308845	501(C)(3)	10,000.				PROGRAM SUPPORT
(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	501(C)(3)	15,000.				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 1375 W. 16TH ST. INDIANAPOLIS, IN 46202	351820770	501(C)(3)	80,000.				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	14,000.				PROGRAM SUPPORT

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

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

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 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 government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2013)

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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 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

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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OMB No. 1545-0047

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Employer identification number

35-1793680

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(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 government organizations listed in the line 1 table

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 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 KENTUCKY 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

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

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Department of the Treasury
Internal Revenue Service

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 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 government organizations listed in the line 1 table
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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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1 (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

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Schedule I (Form 990) (2013)

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**SCHEDULE I
(Form 990)**

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

2013

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(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

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Schedule I (Form 990) (2013)

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(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

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Employer identification number

35-1793680

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VERMILLION COUNTY, INDIANA HISTORICAL SOCIETY 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

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**SCHEDULE I
(Form 990)**

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

2013

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

▶ Attach to Form 990.

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

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 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 government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

JSA

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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 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) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table▶ 410.

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

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

Schedule I (Form 990) (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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	31.	2,193,027.	SELLING PRICE
10 Securities - Closely held stock	X	1.	19,926,875.	SELLING PRICE
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2013)

JSA

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

SCHEDULE M QUESTION 32

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

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ▶ 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.
- ▶ Attach to Form 990 or 990-EZ.
- ▶ 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 Inspection

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I 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.
Part I can be duplicated 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	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:		
	a Become a director or trustee of a successor or transferee organization?	2a	
	b Become an employee of, or independent contractor for, a successor or transferee organization?	2b	
	c Become a direct or indirect owner of a successor or transferee organization?	2c	
	d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d	
e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶			

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

	Yes	No
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III		
4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?		
4b If "Yes," did the organization provide such notice?		
5 Did the organization discharge or pay all of its liabilities in accordance with state laws?		
6a Did the organization have any tax-exempt bonds outstanding during the year?		
6b Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?		
c If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.		

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated 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	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH & EQUIVALENTS	12/31/2013	9,349,339.	MARKET VALUE	45-4618430	INDIANAPOLIS FOUNDATION INC 615 N ALABAMA STREET, SUITE 119	501(C)(3)
	INVESTMENTS	12/31/2013	119,742,631.	MARKET VALUE	45-4618430	INDIANAPOLIS FOUNDATION INC 615 N ALABAMA STREET, SUITE 119	501(C)(3)
	CONTRIBUTIONS & GRANTS RECEIVABLE	12/31/2013	1,302,399.	MARKET VALUE	45-4618430	INDIANAPOLIS FOUNDATION INC 615 N ALABAMA STREET, SUITE 119	501(C)(3)
	ACCRUED INVESTMENT INCOME	12/31/2013	19,686.	MARKET VALUE	45-4618430	INDIANAPOLIS FOUNDATION INC 615 N ALABAMA STREET, SUITE 119	501(C)(3)
	CONTRIBUTIONS RECEIVABLE IN REM. TRUSTS	12/31/2013	166,243.	MARKET VALUE	45-4618430	INDIANAPOLIS FOUNDATION INC 615 N ALABAMA STREET, SUITE 119	501(C)(3)
	PROGRAM RELATED INVESTMENTS	12/31/2013	40,107.	MARKET VALUE	45-4618430	INDIANAPOLIS FOUNDATION INC 615 N ALABAMA STREET, SUITE 119	501(C)(3)
	PROPERTY & EQUIPMENT	12/31/2013	496,332.	MARKET VALUE	45-4618430	INDIANAPOLIS FOUNDATION INC 615 N ALABAMA STREET, SUITE 119	501(C)(3)
	OTHER ASSETS	12/31/2013	42,879.	MARKET VALUE	45-4618430	INDIANAPOLIS FOUNDATION INC 615 N ALABAMA STREET, SUITE 119	501(C)(3)
	DUE FROM OTHER FUNDS	12/31/2013	15,448,980.	MARKET VALUE	45-4618430	INDIANAPOLIS FOUNDATION INC 615 N ALABAMA STREET, SUITE 119	501(C)(3)

	Yes	No
2 Did or will any officer, director, trustee, or key employee of the organization:		
a Become a director or trustee of a successor or transferee organization?	X	
b Become an employee of, or independent contractor for, a successor or transferee organization?		X
c Become a direct or indirect owner of a successor or transferee organization?		X
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?		X
e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶		

Part III **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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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.

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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)

ATTACHMENT 1FORM 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

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

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

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 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

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

ATTACHMENT 3FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
LATINO SCHOLARSHIP DINNER	319,790.
SPECIAL EVENT	120,000.
TOTAL	<u>439,790.</u>

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

ATTACHMENT 4FORM 990, PART VIII - FUNDRAISING EVENTS

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **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.**

Name of the organization

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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) -----					
(4) -----					
(5) -----					
(6) -----					

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST (7) 615 NORTH ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204	CRUT	IN	N/A						X
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

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 (and proxy tax under section 6033(e))

For calendar year 2013 or other tax year beginning 2013, and ending 2013

2013

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Form 990-T header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

Section H: Describe the organization's primary unrelated business activity. PARTNERSHIP INCOME. Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Section J: The books are in care of JENNIFER BARTENBACH Telephone number 317-634-2423

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 2 Cost of goods sold; 4a Capital gain net income (458,584); 5 Income (loss) from partnerships and S corporations (-207,088); 13 Total (251,496).

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 21 Depreciation; 22 Less depreciation claimed; 29 Total deductions; 30 Unrelated business taxable income before net operating loss deduction (251,496); 34 Unrelated business taxable income (0).

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750). \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34 \$ 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041), 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies. 39

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see instructions), 40b
c General business credit. Attach Form 3800 (see instructions) 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827), 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39 41
42 Other taxes. Check if from: Form 4255 Form 8811 Form 8697 Form 8866 Other (attach schedule) 42
43 Total tax. Add lines 41 and 42 43
44 a Payments: A 2012 overpayment credited to 2013 44a
b 2013 estimated tax payments 44b
c Tax deposited with Form 8868. 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Credit for small employer health insurance premiums (Attach Form 8941) 44f
g Other credits and payments: Form 2439 Form 4136 Other Total 44g
45 Total payments. Add lines 44a through 44g 45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached, 46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48
49 Enter the amount of line 48 you want: Credited to 2014 estimated tax Refunded 49

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

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here CAYMAN ISLAND Yes No X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

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

1 Inventory at beginning of year 1
2 Purchases 2
3 Cost of labor 3
4 a Additional section 263A costs (attach schedule) 4a
b Other costs (attach schedule) 4b
5 Total. Add lines 1 through 4b 5
6 Inventory at end of year 6
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 7
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No X

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

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

Paid Preparer Use Only Print/Type preparer's name JOYCE A DULWORTH Preparer's signature Date 11/13/14 Check if self-employed PTIN P00151125 Firm's name BKD, LLP Firm's address 200 E. MAIN ST. SUITE 700 FORT WAYNE, IN 46802 Firm's EIN 44-0160260 Phone no. 260-460-4000

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

(see instructions)

1. Description of property

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

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Includes rows (1-4) and a Total row.

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

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

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes rows (1-4) and a Totals row.

Total dividends-received deductions included in column 8

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

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Includes rows (1-4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Includes rows (1-4) and a Totals row.

Totals

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

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

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

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

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

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

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

APOLLO GLOBAL MANAGEMENT LLC	1.
ENCAP ENERGY CAPITAL FUND IX LP	-58,890.
ENERGY TRANSFER PARTNERS LP	-70.
ENTERPRISE PRODUCTS PARTNERS LP	-12,094.
GLOBAL ENVIRONMENT CAPITAL COMPANY LLC	-10.
GMO FORESTRY FUND 8-B LP	-3,479.
KAYNE ANDERSON ENERGY FUND III	82,459.
KAYNE ANDERSON ENERGY FUND IV	56,194.
KINDER MORGAN ENERGY PARTNERS LP	-122,552.
LIME ROCK RESOURCES B LP	-18,340.
LEVEL EQUITY GROWTH PARTNERS I AIV (NB) LP	-1,055.
NATURAL GAS PARTNERS IX	326,373.
NAREP LP	11,028.
NAREP II LP	-7,355.
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS	-1,029.
DENHAM COMMODITY PARTNERS FUND LP	-71,190.
METROPOLITAN REAL ESTATE PARTNERS	4,768.
TRUEBRIDGE-KAUFFMAN ENDOWMENT FUND II LP	-1,023.
COMMON FUND CAPITAL VENTURE PARTNERS IX LP	1,686.
THE VARDE FUND IX-A LP	9,854.
KAYNE ANDERSON ENERGY FUND VI LP	-34,301.
AMBERBROOK IV LLC	-818.
AMBERBROOK V LLC	-4,202.
AMBERBROOK VI LLC	-1,814.
NORTH SKY VENTURE FUND II LP	3,036.
THE BLACKSTONE GROUP LP	3.
AMERIGAS PARTNERS LP	-169.
BUCKEYE PARTNERS LP	-23.
SUNOCO LOGISTICS PARTNERS LP	-210.
YORKTOWN ENERGY PARTNERS IX LP	-223,687.
ENBRIDGE ENERGY PARTNERS LP	-68.
NUSTAR ENERGY LP	-45.
ONEOK PARTNERS LP	-140,004.
PLAINS ALL AMERICAN PIPELINE LP	-37.
SPECTRA ENERGY PARTNERS LP	-25.
INCOME (LOSS) FROM PARTNERSHIPS	<u>-207,088.</u>

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

2013

Name: **CENTRAL INDIANA COMMUNITY FOUNDATION INC** Employer identification number: **35-1793680**

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

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 gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a 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				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 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 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	324.

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

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 gain or loss from Form(s) 8949, Part II, line 2, column (g)	(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				
8b 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 Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions (see instructions)			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	458,260.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	324.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (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 returns	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)

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: \$86,454KAYNE ANDERSON ENERGY FUND III (QP) LP EIN: 83-0407922
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$4,570KAYNE ANDERSON ENERGY FUND IV (QP) LP EIN: 20-5659373
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$99,919KAYNE ANDERSON ENERGY FUND VI (QP) LP EIN: 38-3865939
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$9,675TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWMENT FUND II LP EIN: 32-0300512
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$5AMBERBROOK IV LLC EIN: 33-1102798
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$287AMBERBROOK V LLC EIN: 80-0144875
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$378AMBERBROOK VI LLC EIN: 90-0806597
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$1ENCAP ENERGY CAPITAL FUND IX LP EIN: 80-0860738
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$3,039YORKTOWN ENERGY PARTNERS IX LP EIN: 27-3125579
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$48,840KINDER 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

Name CENTRAL INDIANA COMMUNITY FOUNDATION INC	Employer identification number 35-1793680
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Part I Apportionment Plan Information

- 1** Type of controlled group:
- a** Parent-subsidiary group
 - b** Brother-sister group
 - c** Combined group
 - d** Life insurance companies only
- 2** This corporation has been a member of this group:
- a** For the entire year.
 - b** 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.
 - b** 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.
 - c** Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
 - d** 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:
- a** Elected by the component members of the group.
 - b** 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).
- a** No apportionment plan is in effect and none is being adopted.
 - b** 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.
- a** Yes.
 - (i)** The statute of limitations for this year will expire on _____.
 - (ii)** On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
 - b** 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).
- a** 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).
 - c** The corporation has a short tax year that does not include December 31.

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.

(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket				(g) Total (add columns (c) through (f))
		(c) 15%	(d) 25%	(e) 34%	(f) 35%	
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		50,000.00	631.00			50,631.00

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

Part III Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment							(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%		
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								
9								
10								
Total	7,500.00	158.00					7,658.00	

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

Part IV Other Apportionments (See instructions)

(a) Group member's name	Other Apportionments				
	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

**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	<u><u>(2,253,022)</u></u>

Public Disclosure for Tax-Exempt Organizations

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

Effective for Returns Filed After August 17, 2006

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

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

Where Must Information be Provided?

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

How Quickly Must Organizations Reply?

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

Public Disclosure Rules for Form 990

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

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

Public Inspection

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

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

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

Fees

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

Penalties

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

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

Written Requests

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

What Can an Organization Charge?

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

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

Local or Subordinate Organizations

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

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

Using the Internet

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

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

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

What if the Requests are a Form of Harassment?

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

Conclusion

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

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