

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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.

A For the 2014 calendar year, or tax year beginning , 2014, 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"/> Final return/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		E Telephone number (317) 634-2423
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	615 NORTH ALABAMA STREET		
	City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46204		
F Name and address of principal officer: BRIAN PAYNE 615 NORTH ALABAMA ST., STE 119 INDIANAPOLIS, IN 4620		G Gross receipts \$ 120,709,136.	
		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If "No," attach a list. (see instructions)	
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(c) Group exemption number ▶	
J Website: ▶ WWW.CICF.ORG			
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: 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.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	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 2014 (Part V, line 2a)	57.
	6	Total number of volunteers (estimate if necessary)	19.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	1,013,407.
	b	Net unrelated business taxable income from Form 990-T, line 34	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 49,622,779. Current Year 14,282,898.
	9	Program service revenue (Part VIII, line 2g)	0 0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,288,475. 25,078,042.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	339,787. 718,044.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	73,251,041. 40,078,984.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,472,120. 20,934,157.
	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)	3,048,790. 2,163,123.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0 0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 796,885.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,181,844. 3,541,678.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	39,702,754. 26,638,958.
19	Revenue less expenses. Subtract line 18 from line 12	33,548,287. 13,440,026.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 389,932,395. End of Year 396,310,177.
	21	Total liabilities (Part X, line 26)	11,728,181. 14,580,647.
	22	Net assets or fund balances. Subtract line 21 from line 20.	378,204,214. 381,729,530.

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 11/11/15	Check <input type="checkbox"/> if self-employed	PTIN P00151125
	Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260		Phone no. 260-460-4000	
	Firm's address ▶ 200 E. MAIN ST. SUITE 700 FORT WAYNE, IN 46802				
	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 (2014)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

4 Describe the 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 \$ 7,944,588. including grants of \$ 6,929,254.) (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 \$ 9,902,759. including grants of \$ 8,637,170.) (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 \$ 6,154,257. including grants of \$ 5,367,733.) (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 ▶ 24,001,604.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23 X	
24a 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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>	25a	X
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>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	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>	32	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>	33	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>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
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>	35b 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>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	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.	38 X	

Form **990** (2014)

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 79		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 57		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country: CAYMAN ISLANDS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ **X****Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 19		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 19		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

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.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

JENNIFER K. BARTENBACH 615 N. ALABAMA ST., SUITE 119 INDIANAPOLIS, IN 4620 317-634-2423

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) CHARLES P. SUTPHIN BOARD CHAIR	1.00 0	X		X				0	0	0
(2) CYNTHIA SIMON SKJODT VICE-CHAIR	1.00 2.00	X		X				0	0	0
(3) ALAN A. LEVIN SECRETARY	1.00 2.00	X		X				0	0	0
(4) GREGORY F. HAHN TREASURER	1.00 2.00	X		X				0	0	0
(5) ELAINE BEDEL DIRECTOR	1.00 0	X						0	0	0
(6) KATHERINE L. DAVIS DIRECTOR	1.00 2.00	X						0	0	0
(7) MICHAEL DAUGHERTY DIRECTOR	1.00 0	X						0	0	0
(8) TRACI M. DOLAN DIRECTOR	1.00 0	X						0	0	0
(9) HENRY L. FERNANDEZ DIRECTOR	1.00 0	X						0	0	0
(10) MARIANNE GLICK DIRECTOR	1.00 0	X						0	0	0
(11) MARK E. HILL DIRECTOR	1.00 0	X						0	0	0
(12) MYRTA J. PULLIAM DIRECTOR	1.00 0	X						0	0	0
(13) MARISOL SANCHEZ DIRECTOR	1.00 0	X						0	0	0
(14) JERRY D. SEMLER DIRECTOR	1.00 2.00	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) MICHAEL J. SIMMONS DIRECTOR	1.00 0	X						0	0	0
(16) JOSEPH L. SMITH JR. DIRECTOR	1.00 0	X						0	0	0
(17) CORBY D. THOMPSON DIRECTOR	1.00 0	X						0	0	0
(18) MILTON O. THOMPSON DIRECTOR	1.00 2.00	X						0	0	0
(19) LEE WHITE DIRECTOR	1.00 0	X						0	0	0
(20) BRIAN E. PAYNE PRESIDENT AND CEO	30.00 10.00			X				220,326.	135,038.	75,664.
(21) JENNIFER K. BARTENBACH CFO	29.00 11.00			X				100,275.	69,683.	17,954.
(22) ROB MACPHERSON VP DEVELOPMENT	26.00 14.00			X				72,893.	70,035.	47,689.
(23) ELIZABETH TATE VP COMMUNITY INVESTMENT	22.00 18.00			X				26,732.	106,930.	48,020.
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								420,226.	381,686.	189,327.
d Total (add lines 1b and 1c)								420,226.	381,686.	189,327.

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 **5**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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 **1**

Part VIII Statement of RevenueCheck 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	625,659.			
	d	Related organizations	1d				
	e	Government grants (contributions).	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,657,239.			
	g	Noncash contributions included in lines 1a-1f: \$		2,596,468.			
	h	Total. Add lines 1a-1f		14,282,898.			
Program Service Revenue				Business Code			
	2a						
	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).			5,193,179.	1,013,407.	4,179,772.
	4	Income from investment of tax-exempt bond proceeds			0		
	5	Royalties			0		
			(i) Real (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a		(i) Securities (ii) Other				
		Gross amount from sales of assets other than inventory		100,379,329.			
	b	Less: cost or other basis and sales expenses		80,494,466.			
	c	Gain or (loss)		19,884,863.			
	d	Net gain or (loss)		19,884,863.			19,884,863.
	8a	Gross income from fundraising events (not including \$ 625,659. of contributions reported on line 1c). See Part IV, line 18		ATCH 3 a 55,450.			
	b	Less: direct expenses		b 135,686.			
	c	Net income or (loss) from fundraising events. ATCH 4		-80,236.			-80,236.
	9a	Gross income from gaming activities. See Part IV, line 19		a			
b	Less: direct expenses		b				
c	Net income or (loss) from gaming activities.		0				
10a	Gross sales of inventory, less returns and allowances		a				
b	Less: cost of goods sold		b				
c	Net income or (loss) from sales of inventory.		0				
Miscellaneous Revenue				Business Code			
11a	OPERATING SUPPORT INCOME		900099	798,280.	798,280.		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			798,280.			
12	Total revenue. See instructions			40,078,984.	798,280.	1,013,407.	23,984,399.

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 domestic organizations and domestic governments. See Part IV, line 21	20,480,657.	20,480,657.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	453,500.	453,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	420,226.	210,113.	126,068.	84,045.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,108,164.	554,082.	332,449.	221,633.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	287,492.	143,746.	86,248.	57,498.
9 Other employee benefits	237,440.	118,720.	71,232.	47,488.
10 Payroll taxes	109,801.	54,901.	32,940.	21,960.
11 Fees for services (non-employees):				
a Management	0			
b Legal	11,372.	5,686.	3,412.	2,274.
c Accounting	59,634.	29,817.	17,890.	11,927.
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	1,720,373.	1,075,233.	645,140.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	47,490.	23,745.	14,247.	9,498.
12 Advertising and promotion	63,740.	31,870.	19,122.	12,748.
13 Office expenses	95,920.	47,960.	28,776.	19,184.
14 Information technology	192,783.	96,391.	57,835.	38,557.
15 Royalties	0			
16 Occupancy	368,605.	184,302.	110,582.	73,721.
17 Travel	20,245.	10,122.	6,074.	4,049.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	37,424.	18,712.	11,227.	7,485.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	394,662.	197,331.	118,399.	78,932.
23 Insurance	39,416.	19,708.	11,825.	7,883.
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 CONSULTING	440,594.	220,297.	132,178.	88,119.
b DUES & MEMBERSHIPS	20,281.	10,141.	6,084.	4,056.
c EMPLOYEE RELATIONS	26,738.	13,369.	8,021.	5,348.
d OTHER	2,401.	1,201.	720.	480.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	26,638,958.	24,001,604.	1,840,469.	796,885.
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	11,755,733.	2	26,425,219.
	3 Pledges and grants receivable, net	2,984,956.	3	3,431,972.
	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 7,991,887.		
	b Less: accumulated depreciation	10b 3,003,951.	3,880,853.	10c 4,987,936.
	11 Investments - publicly traded securities	210,789,475.	11	210,997,014.
	12 Investments - other securities. See Part IV, line 11	151,703,173.	12	144,935,871.
	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	8,818,205.	15	5,532,165.
16 Total assets. Add lines 1 through 15 (must equal line 34)	389,932,395.	16	396,310,177.	
Liabilities	17 Accounts payable and accrued expenses	1,511,161.	17	1,931,497.
	18 Grants payable	7,011,133.	18	9,202,581.
	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	3,205,887.	25	3,446,569.
	26 Total liabilities. Add lines 17 through 25	11,728,181.	26	14,580,647.
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	362,876,569.	27	365,640,678.
	28 Temporarily restricted net assets	10,092,914.	28	10,903,563.
	29 Permanently restricted net assets	5,234,731.	29	5,185,289.
	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	378,204,214.	33	381,729,530.
	34 Total liabilities and net assets/fund balances	389,932,395.	34	396,310,177.

Form **990** (2014)

Part XI Reconciliation of Net AssetsCheck 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	40,078,984.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,638,958.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,440,026.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	378,204,214.
5	Net unrealized gains (losses) on investments	5	-7,988,122.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,926,588.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	381,729,530.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

Form **990** (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2014

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,157,001.	21,655,876.	31,014,303.	49,622,779.	14,282,898.	135,732,857.
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.	19,157,001.	21,655,876.	31,014,303.	49,622,779.	14,282,898.	135,732,857.
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).						31,534,993.
6 Public support. Subtract line 5 from line 4.						104,197,864.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	19,157,001.	21,655,876.	31,014,303.	49,622,779.	14,282,898.	135,732,857.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,980,904.	4,539,307.	4,804,564.	5,652,129.	5,193,179.	26,170,083.
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 VI.)	827,727.	110,597.	941,923.	339,787.	718,044.	2,938,078.
11 Total support. Add lines 7 through 10.						164,841,018.
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 2014 (line 6, column (f) divided by line 11, column (f))	14	63.21 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	58.54 %
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 VI 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 - 2013. 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2014 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI **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

OMB No. 1545-0047

2014

▶ 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

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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		\$ 307,113.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 406,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 552,816.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 368,294.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 680,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 252,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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
7		\$ 421,422.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 251,624.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 626,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 913,663.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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
13		\$ 1,005,437.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 2,030,500.	Person <input checked="" 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

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
3	PUBLICLY TRADED SECURITIES	\$ 552,816.	08/18/2014
6	PUBLICLY TRADED SECURITIES	\$ 252,285.	03/04/2014
8	PUBLICLY TRADED SECURITIES	\$ 251,624.	11/18/2014
11	PUBLICLY TRADED SECURITIES	\$ 626,080.	06/03/2014
12	PUBLICLY TRADED SECURITIES	\$ 913,663.	09/26/2014
		\$	

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** 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 C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2014

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		11,000.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			11,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental Information *(continued)*

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

35-1793680

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	192.	
2 Aggregate value of contributions to (during year)	7,103,819.	
3 Aggregate value of grants from (during year)	15,651,925.	
4 Aggregate value at end of year	296,739,196.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2014

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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? ☐ Yes ☐ No

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	234,580,410.	337,731,946.	318,414,275.	336,831,278.	308,503,809.
b Contributions	5,677,271.	16,410,572.	3,589,922.	6,489,257.	8,789,790.
c Net investment earnings, gains, and losses	7,679,493.	51,753,816.	34,528,374.	-2,120,629.	42,094,651.
d Grants or scholarships	13,303,504.	168,745,884.	16,315,490.	20,204,139.	20,198,839.
e Other expenditures for facilities and programs					
f Administrative expenses	1,236,678.	2,570,040.	2,485,135.	2,581,492.	2,358,133.
g End of year balance	233,396,992.	234,580,410.	337,731,946.	318,414,275.	336,831,278.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ 100.0000 %

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 ☐ **3a(i)** ☐ Yes ☒ No

(ii) related organizations ☐ **3a(ii)** ☐ Yes ☒ No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ **3b** ☐ Yes ☐ No

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		5,447,415.	2,047,547.	3,399,868.
d Equipment		1,937,052.	728,090.	1,208,962.
e Other		607,420.	228,314.	379,106.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,987,936.

Schedule D (Form 990) 2014

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	144,935,871.	FMV
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	144,935,871.	

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	2,652,615.	
(3) DUE TO OTHER FUNDS	793,954.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	3,446,569.	

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	31,945,462.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-7,988,122.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	242,418.
e	Add lines 2a through 2d	2e	-7,745,704.
3	Subtract line 2e from line 1	3	39,691,166.
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	387,818.
c	Add lines 4a and 4b	4c	387,818.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	40,078,984.

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	28,420,146.
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	1,781,188.
e	Add lines 2a through 2d	2e	1,781,188.
3	Subtract line 2e from line 1	3	26,638,958.
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	26,638,958.

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)*

SCHEDULE D, PART V, LINE 4

THE ORGANIZATION'S ENDOWMENT FUNDS ARE INTENDED TO PROVIDE LONG-TERM SUPPORT FOR VARIOUS CHARITABLE PURPOSES SERVING THE CENTRAL INDIANA 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	\$242,418
---	-----------

PART XI LINE 4B

CHANGE IN DEFINED BENEFIT PENSION PLAN	\$387,818
--	-----------

PART XII LINE 2D

TRANSFERS AND OTHER EXCHANGES	\$1,781,188
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

35-1793680

Part I

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

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

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

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

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 SCHLRSH DINNER (event type)	(b) Event #2 PHILNTH DINNER (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	367,499.	313,610.		681,109.
	2 Less: Contributions	347,199.	278,460.		625,659.
	3 Gross income (line 1 minus line 2).	20,300.	35,150.		55,450.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		9,083.		9,083.
	7 Food and beverages		42,959.		42,959.
	8 Entertainment		56,812.		56,812.
	9 Other direct expenses		26,832.		26,832.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				135,686.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-80,236.

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 conducts gaming activities: _____

a Is the organization licensed to conduct 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 conduct 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 conducted 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 provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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) 2ND MILE MISSONS P.O. BOX 733 WINONA LAKE, IN 46590	260293304	501(C)(3) PUBLIC	12,000.				GENERAL OPERATING
(2) ACHIEVA RESOURCES CORP. INC. P.O. BOX 1252 RICHMOND, IN 47375-1252	351005528	501(C)(3) PUBLIC	25,000.				ACHIEVA RESOURCES GU
(3) ALL SAINTS' EPISCOPAL CHURCH 4550 N. HERMITAGE AVE. CHICAGO, IL 60640	362362361	RELIGIOUS ORGAN	120,000.				THE 1883 PROJECT
(4) ALL SOULS UNITARIAN CHURCH 5805 E. 56TH ST.	350941103	RELIGIOUS ORGAN	6,000.				ANNUAL CAMPAIGN
(5) AMERICAN CIVIL LIBERTIES UNION OF INDIANA F 1031 E. WASHINGTON ST.	237398358	501(C)(3) PUBLIC	85,721.				EDUCATIONAL OUTREACH
(6) AMERICAN PIANISTS ASSOCIATION, INC. 4603 CLARENDON RD., SUITE 030	310969640	501(C)(3) PUBLIC	121,684.				CONCERTO CURRICULUM
(7) ANGIOMA ALLIANCE 915 LAUREL ST. INDIANAPOLIS, IN 46203	020600697	501(C)(3) PUBLIC	10,000.				TO SUPPORT THE INDIA
(8) ARCH, INC. 818 LAFAYETTE ST. FORT WAYNE, IN 46802	351367895	501(C)(3) PUBLIC	8,000.				MERCHANT HUXFORD HOU
(9) ART WITH A HEART 2605 E. 25TH ST., STE 301	020570317	501(C)(3) PUBLIC	51,700.				UNITY SUMMER PROGRAM
(10) ARTHRITIS FOUNDATION INDIANA CHAPTER, INC. 615 N. ALABAMA ST., SUITE 430	350854247	501(C)(3) PUBLIC	6,228.				CHARITABLE CONTRIBUT
(11) ASSOCIATION OF FUNDRAISING PROFESSIONALS - 4000 W. 106TH ST., SUITE 160-234	200489943	501(C)(3) PUBLIC	16,000.				2014 DISTRIBUTION
(12) AUDITORIUM THEATRE OF ROOSEVELT UNIVERSITY, 50 E. CONGRESS PKWY. CHICAGO, IL 60605	363145476	501(C)(3) PUBLIC	360,000.				2014 HANDS TOGETHER,

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Schedule I (Form 990) (2014)

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

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

► Attach to Form 990.

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OMB No. 1545-0047

2014

Open to Public
Inspection

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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) BEN DAVIS CHRISTIAN CHURCH 701 S. HIGH SCHOOL RD.	351012481	501(C)(3) PUBLIC	9,000.				CHARITABLE CONTRIBUTION
(2) BIG CAR 615 N ALABAMA ST., STE. 119	113725157	501(C)(3) PUBLIC	77,500.				DESIGN SERVICES FOR
(3) BLOOD:WATER MISSION P.O. BOX 60381 NASHVILLE, TN 37206	562483082	501(C)(3) PUBLIC	7,500.				WINONA LAKE PROJECT
(4) BOCA HELPING HANDS 1500 NW 1ST CT. BOCA RATON, FL 33432	311713631	501(C)(3) PUBLIC	20,000.				HOME HEALTH AIDE JOB
(5) BOONE COUNTY SENIOR SERVICES 515 CROWNPOINTE DR. LEBANON, IN 46052	351445498	501(C)(3) PUBLIC	25,000.				SUPPORT FOR TRANSPORTATION
(6) BOOTH TARKINGTON CIVIC THEATRE 3 CENTER GREEN, SUITE 200 CARMEL, IN 46032	350230360	501(C)(3) PUBLIC	20,000.				SNEAKVIEW TOUR
(7) BOSMA INDUSTRIES FOR THE BLIND, INC. 8020 ZIONSVILLE RD. INDIANAPOLIS, IN 46268	311246086	501(C)(3) PUBLIC	32,000.				COMMUNITY BASED SERVICES
(8) BOYS & GIRLS CLUB OF MUNCIE 1710 S. MADISON ST. MUNCIE, IN 47302	350869060	501(C)(3) PUBLIC	55,000.				CO-LEARNING LAB FOR
(9) BOYS & GIRLS CLUBS OF INDIANAPOLIS 3530 SOUTH KEYSTONE AVE., SUITE 200	350888754	501(C)(3) PUBLIC	31,000.				SCHOLARSHIP FUNDS
(10) BREBEUF JESUIT PREPARATORY SCHOOL 2801 W. 86TH ST.	351062640	501(C)(3) PUBLIC	520,250.				CHARITABLE CONTRIBUTION
(11) BROOKE'S PLACE FOR GRIEVING YOUNG PEOPLE, INC. 50 E. 91ST ST., SUITE 103	352045122	501(C)(3) PUBLIC	25,072.				CHARITABLE CONTRIBUTION
(12) BUTLER UNIVERSITY 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	350867977	501(C)(3) PUBLIC	80,500.				TERRY L. HUNSUCKER 2

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(1) CAMP TECUMSEH YMCA 12635 W. TECUMSEH BEND RD.	237331099	501(C)(3) PUBLIC	199,789.				BARBARA KAMPEN CHAPE
(2) CASTLETON UNITED METHODIST CHURCH 7160 SHADELAND STATION	351149228	501(C)(3) PUBLIC	18,000.				STILL WATERS ADULT D
(3) CATHEDRAL ARTS, INC. 32 E. WASHINGTON ST., SUITE 1320	237139746	501(C)(3) PUBLIC	10,000.				INTERNATIONAL VIOLIN
(4) CATHEDRAL HIGH SCHOOL 5225 E. 56TH ST.	356254955	501(C)(3) PUBLIC	303,013.				2014 DISTRIBUTION
(5) CENTER FOR INTERFAITH COOPERATION 1100 W. 42ND ST., SUITE 125	275336996	501(C)(3) PUBLIC	10,000.				GLOBAL INDY SUPPORT
(6) CENTRAL INDIANA LAND TRUST INC. 1500 N. DELAWARE ST. INDIANAPOLIS, IN 46202	351816493	501(C)(3) PUBLIC	119,000.				ACQUISITION AND GENE
(7) CENTRAL INDIANA YOUTH FOR CHRIST P.O. BOX 68695 INDIANAPOLIS, IN 46268	350992753	501(C)(3) PUBLIC	16,500.				GENERAL OPERATING FU
(8) CHARLES A. TINDLEY ACCELERATED SCHOOL 3960 MEADOWS DR. INDIANAPOLIS, IN 46205	352151971	501(C)(3) PUBLIC	31,600.				ELEMENTARY MUSIC CUR
(9) CHAUCIE'S PLACE 4607 E. 106TH ST. CARMEL, IN 46033	352072683	501(C)(3) PUBLIC	25,000.				PREVENTION PROGRAMS
(10) CHICAGO COMMUNITY FOUNDATION 225 N. MICHIGAN AVE., SUITE 2200	363432023	501(C)(3) PUBLIC	90,000.				LGBT COMMUNITY FUND
(11) CHICAGO HIGH SCHOOL FOR THE ARTS 2714 W. AUGUSTA CHICAGO, IL 60622	300440226	501(C)(3) PUBLIC	260,000.				GENERAL OPERATING SU
(12) CHICAGO HUMANITIES FESTIVAL 500 N. DEARBORN, SUITE 825	367148236	501(C)(3) PUBLIC	10,000.				GENERAL OPERATING SU

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(1) CHICAGO PUBLIC MEDIA NAVY PIER, 848 E. GRAND AVE.	363687394	501(C)(3) PUBLIC	30,000.				CHARITABLE CONTRIBUTION
(2) CHILDREN IN THE SON P.O. BOX 99063 RALEIGH, NC 27624	571103876	501(C)(3) PUBLIC	6,200.				GENERAL OPERATING SUPPORT
(3) CHILDREN'S BUREAU, INC. 1575 MARTIN LUTHER KING DR.	351061264	501(C)(3) PUBLIC	300,000.				RACHEL GLICK COURAGE
(4) CHRISTEL HOUSE, INTERNATIONAL 10 W. MARKET ST., SUITE 1990	352051932	501(C)(3) PUBLIC	13,500.				OUTSIDE OUR COMFORT
(5) CICOA AGING & IN-HOME SOLUTIONS 4755 KINGSWAY DR., SUITE 200	351310387	501(C)(3) PUBLIC	40,000.				GENERAL OPERATING SUPPORT
(6) COBURN PLACE SAFE HAVEN 604 E. 38TH ST. INDIANAPOLIS, IN 46205	371421922	501(C)(3) PUBLIC	54,400.				HVAC PROGRAM
(7) COLUMBIA COLLEGE CHICAGO 600 S. MICHIGAN AVE. CHICAGO, IL 60605	366112087	501(C)(3) PUBLIC	40,000.				(MOCP) EMERGING ARTISTS
(8) COMMUNITY HEALTH NETWORK FOUNDATION 7240 SHADELAND STATION, SUITE 125	510181688	501(C)(3) PUBLIC	99,340.				SCHOOL SUICIDE PREVENTION
(9) COMMUNITY HOME HEALTH SERVICES 9894 E. 121ST ST. FISHERS, IN 46037	350953467	501(C)(3) PUBLIC	14,327.				GENERAL OPERATING SUPPORT
(10) CONCORD NEIGHBORHOOD CENTER 1310 S. MERIDIAN ST. INDIANAPOLIS, IN 46225	350817149	501(C)(3) PUBLIC	15,000.				GIRLS PROGRAMMING
(11) CONNECT2HELP 3901 N. MERIDIAN ST., SUITE 300	311216792	501(C)(3) PUBLIC	25,000.				SERVING CENTRAL INDIANA
(12) CONNECTIONS MINISTRY 5440 PORT HUDSON DR. BATON ROUGE, LA 70817	204778410	501(C)(3) PUBLIC	20,000.				GARDERE YOUTH ALLIANCE

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(1) CROWN HILL HERITAGE FOUNDATION, INC. 700 W. 38TH ST. INDIANAPOLIS, IN 46208	311104060	501(C)(3) PUBLIC	9,021.				2014 DISTRIBUTION
(2) CRU P.O. BOX 628222 ORLANDO, FL 32862-8222	956006173	501(C)(3) PUBLIC	9,600.				PROJECT #0437021 AND
(3) DAMAR SERVICES, INC. 6067 DECATUR BLVD INDIANAPOLIS, IN 46241	351168048	501(C)(3) PUBLIC	25,000.				DAMAR ABUSE AND NEGL
(4) DANCE KALEIDOSCOPE 4603 CLARENDON RD., ROOM 32	310896177	501(C)(3) PUBLIC	31,650.				GUEST CHOREOGRAPHERS
(5) DAY NURSERY ASSOCIATION OF INDIANAPOLIS, IN 615 N. ALABAMA ST., SUITE 300	350888763	501(C)(3) PUBLIC	282,550.				2014 DISTRIBUTION
(6) DELPHI PRESERVATION SOCIETY, INC. P.O. BOX 161 DELPHI, IN 46923-0161	351959004	501(C)(3) PUBLIC	10,000.				OPERA HOUSE IN DELPH
(7) DENTAL LIFELINE NETWORK INDIANA 6110 TECHNOLOGY CENTER DR., SUITE 100	846129064	501(C)(3) PUBLIC	7,000.				INDIANA DONATED DENT
(8) DEPAUW UNIVERSITY 2457 N. NEW JERSEY ST.	350869045	501(C)(3) PUBLIC	30,000.				CHARITABLE CONTRIBUT
(9) DRESS FOR SUCCESS INDIANAPOLIS, INC. 820 N. MERIDIAN ST. INDIANAPOLIS, IN 46204	352078412	501(C)(3) PUBLIC	55,000.				SUITS FOR SUCCESS
(10) EAGLE CHURCH P.O. BOX 254 ZIONSVILLE, IN 46077	351952000	501(C)(3) PUBLIC	200,100.				BOLD DREAMS FUND
(11) EDNA MARTIN CHRISTIAN CENTER 2605 E 25TH ST. INDIANAPOLIS, IN 46218-0388	351072577	501(C)(3) PUBLIC	71,391.				CENTER FOR WORKING F
(12) EFROYMSON CONTEMPORARY ARTS FELLOWSHIP 2244 W. ARTHUR AVE. CHICAGO, IL 60645	351793680	501(C)(3) PUBLIC	125,000.				EFROYMSON CONTEMPORA

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(1) EITELJORG MUSEUM OF AMERICAN INDIANS AND WE 500 W. WASHINGTON ST.	311139447	501(C)(3) PUBLIC	47,500.				PROJECT SILVER MOON
(2) EMMANUEL SCHOOL OF RELIGION ONE WALKER DR. JOHNSON CITY, TN 37601	620819352	501(C)(3) PUBLIC	6,000.				GENERAL FUND
(3) EMPLOYINDY PNC CENTER SOUTH, 115 W. WASHINGTON ST., SU	351569069	501(C)(3) PUBLIC	50,000.				HIRE UP INDY
(4) EPISCOPAL SERVICE CORPS 65 E. HURON CHICAGO, IL 60611	237075487	501(C)(3) PUBLIC	10,000.				GENERAL OPERATING SU
(5) ESKENAZI HEALTH FOUNDATION 1001 W. 10TH ST. INDIANAPOLIS, IN 46202	311132066	501(C)(3) PUBLIC	123,500.				EMBRACE PROGRAM
(6) EYE ON INDIA 6642 MANOR DR. BURR RIDGE, IL 60527	454906347	501(C)(3) PUBLIC	7,500.				2014 EYE ON INDIA FE
(7) FAIR HOUSING CENTER OF CENTRAL INDIANA 615 N. ALABAMA ST., SUITE 426	453252296	501(C)(3) PUBLIC	25,000.				CENTRAL IND ACCESSIB
(8) FALL CREEK GARDENS P.O. BOX 88321 INDIANAPOLIS, IN 46208	453783052	501(C)(3) PUBLIC	97,250.				GENERAL OPERATING SU
(9) FELLOWSHIP MISSIONS P.O. BOX 382 WINONA LAKE, IN 46590	272518264	501(C)(3) PUBLIC	30,000.				CAUSE & COMFORT DRIV
(10) FESTIVAL MUSIC SOCIETY OF INDIANA 3646 BAY RD S. DR. INDIANAPOLIS, IN 46240	356068649	501(C)(3) PUBLIC	65,744.				2014 DISTRIBUTION
(11) FIRST PRESBYTERIAN CHURCH 9751 BONITA BEACH BONITA SPRINGS, FL 34135	591622501	RELIGIOUS ORGAN	28,000.				GENERAL FUND
(12) FLANNER HOUSE OF INDIANAPOLIS, INC. 2424 DR. MARTIN LUTHER KING JR. ST.	350942628	501(C)(3) PUBLIC	50,000.				CENTER FOR WORKING F

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(1) FLORENCE FULLER CHILD DEVELOPMENT CENTER, I 200 NE 14TH ST. BOCA RATON, FL 33432	591312245	501(C)(3) PUBLIC	50,000.				FAMILY PRESERVATION
(2) FOREST MANOR MULTI-SERVICE CENTER 5603 E. 38TH ST. INDIANAPOLIS, IN 46218	351420208	501(C)(3) PUBLIC	15,000.				SISTERS STRIVING FOR
(3) FOUNTAINS OF HOPE INTERNATIONAL 8731 AMERICANA BLVD, STE 210	270503531	501(C)(3) PUBLIC	13,700.				CHARITABLE CONTRIBUT
(4) FREE METHODIST WORLD MISSIONS 770 N. HIGH SCHOOL RD.	350877568	501(C)(3) PUBLIC	6,050.				HUMAN TRAFFICKING GR
(5) FRIENDS OF HOLLIDAY PARK, INC. 6363 SPRING MILL RD. INDIANAPOLIS, IN 46260	351816648	501(C)(3) PUBLIC	10,000.				CHARITABLE CONTRIBUT
(6) FUND FOR HOOSIER EXCELLENCE, INC. P.O. BOX 97 INDIANAPOLIS, IN 46206	351579672	501(C)(3) PUBLIC	25,000.				SCHOLARSHIP SUPPORT
(7) GENNESARET FREE CLINIC 615 N. ALABAMA ST., GROUND FLOOR, STE. B	351776518	501(C)(3) PUBLIC	25,832.				CHARITABLE CONTRIBUT
(8) GIRL SCOUTS OF CENTRAL INDIANA, INC. 2611 WATERFRONT PARKWAY E. DR., STE. 100	350876381	501(C)(3) PUBLIC	10,000.				GIRL SCOUTS IN THE F
(9) GIRLS INCORPORATED OF JOHNSON COUNTY 200 E. MADISON ST. FRANKLIN, IN 46131	310901598	501(C)(3) PUBLIC	15,000.				OPERATING SUPPORT
(10) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE.	351483868	501(C)(3) PUBLIC	152,270.				DONATION
(11) GLOBAL PEACE INITIATIVES P.O. BOX 11593 INDIANAPOLIS, IN 46201	204019399	501(C)(3) PUBLIC	30,000.				2014 GENERAL OPERATI
(12) GOODMAN THEATRE 170 N. DEARBORN ST. CHICAGO, IL 60601	362896025	501(C)(3) PUBLIC	130,000.				2014-2015 EDUCATION

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(1) GOODWILL INDUSTRIES FOUNDATION OF CENTRAL I 1635 W. MICHIGAN ST. INDIANAPOLIS, IN 46222	237148440	501(C)(3) PUBLIC	99,880.				NURSE-FAMILY PARTNER
(2) GOODWILL INDUSTRIES OF CENTRAL INDIANA, INC 1635 W. MICHIGAN ST.	350893506	501(C)(3) PUBLIC	7,500.				ANNUAL FUND
(3) GRAMEEN AMERICA 1460 BROADWAY, 14TH FLOOR	208497991	501(C)(3) PUBLIC	200,000.				OPERATING SUPPORT
(4) GREAT AMERICAN SONGBOOK FOUNDATION 1 CENTER GREEN CARMEL, IN 46032	260620716	501(C)(3) PUBLIC	20,000.				GENERAL OPERATING SU
(5) GREATER INDIANAPOLIS CHAMBER OF COMMERCE FO 111 MONUMENT CIR., SUITE 1950	356017715	501(C)(3) PUBLIC	20,000.				THE ECONOMICS OF EAR
(6) HABITAT FOR HUMANITY OF GREATER INDIANAPOLI 3135 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351715910	501(C)(3) PUBLIC	100,000.				VETERAN'S BUILD
(7) HAMDARD CENTER FOR HEALTH & HUMAN SERVICES 228 E. LAKE ST., SUITE 300	363917885	501(C)(3) PUBLIC	25,000.				GENERAL OPERATING SU
(8) HAMILTON COUNTY AREA NEIGHBORHOOD DEVELOPME 347 S. 8TH ST., STE A NOBLESVILLE, IN 46060	320080849	501(C)(3) PUBLIC	25,000.				HELPING HAND
(9) HAMILTON SUPERIOR COURT 3 ONE HAMILTON COUNTY SQUARE, SUITE 311	356000151	LOCAL ELECTED G	30,000.				HAMILTON COUNTY VETE
(10) HANCOCK COUNTY HISTORICAL SOCIETY P.O. BOX 375 GREENFIELD, IN 46140	237309982	501(C)(3) PUBLIC	9,000.				HANCOCK COUNTY JAIL
(11) HANDI-CAPABLE HANDS, INC. 3215 E. THOMPSON RD.	311000091	501(C)(3) PUBLIC	50,000.				COLLABORATIVE PILOT
(12) HARRISON CENTER FOR THE ARTS, INC. 1505 NORTH DELAWARE INDIANAPOLIS, IN 46202	010798626	501(C)(3) PUBLIC	29,000.				CHARITABLE CONTRIBUT

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) (2014)

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

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

► Attach to Form 990.

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OMB No. 1545-0047

2014

Open to Public
Inspection

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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(1) HARVESTERS REACHING THE NATIONS, INC. 2001 W. PLANO PKWY., SUITE 3432	392017746	501(C)(3) PUBLIC	103,000.				FUNDRAISING EXPENSES
(2) HAWTHORNE COMMUNITY CENTER 2440 W. OHIO ST. INDIANAPOLIS, IN 46222	350874274	501(C)(3) PUBLIC	114,412.				BUS TICKETS AND EARL
(3) HEALTH AND HOSPITAL CORPORATION OF MARION C 3838 N. RURAL ST.	356005697	HOSPITAL	10,000.				FUTURE PROMISE: CARE
(4) HEARTLAND TRULY MOVING PICTURES 1043 VIRGINIA AVE, SUITE 2	351832797	501(C)(3) PUBLIC	90,000.				MINI FESTIVAL
(5) HERITAGE FUND OF BARTHOLOMEW COUNTY 538 FRANKLIN ST. COLUMBUS, IN 47202-1547	351343903	501(C)(3) PUBLIC	54,500.				2016 COLUMBUS DESIGN
(6) HOOSIER ENVIRONMENTAL COUNCIL 3951 N. MERIDIAN ST., SUITE 100	351576694	501(C)(3) PUBLIC	28,000.				OPERATING SUPPORT
(7) HORIZON HOUSE 1033 E. WASHINGTON ST.	351759503	501(C)(3) PUBLIC	26,000.				SENIOR NEIGHBOR SERV
(8) ILLINOIS VALLEY ANIMAL RESCUE P.O. BOX 284 PERU, IL 61354	364301632	501(C)(3) PUBLIC	10,000.				SPAY/NEUTER AND PET
(9) IMMIGRANT WELCOME CENTER 2236 E. 10TH ST.	203222424	501(C)(3) PUBLIC	102,787.				2014 DISTRIBUTION
(10) INDIANA 211 PARTNERSHIP, INC. 3901 N. MERIDIAN ST., SUITE 9	352141347	501(C)(3) PUBLIC	100,000.				TRANSITION FOR SUSTA
(11) INDIANA ASSOCIATION FOR COMMUNITY ECONOMIC 202 E. MARKET ST., THE PLATFORM	351695379	501(C)(3) PUBLIC	80,000.				ASSETS & OPPORTUNITY
(12) INDIANA CANINE ASSISTANT NETWORK, INC. 5610 CRAWFORDSVILLE RD., SUITE 2101	352144155	501(C)(3) PUBLIC	9,500.				CHARITABLE CONTRIBUT

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(1) INDIANA HUMANITIES 1500 N. DELAWARE ST.	351344382	501(C)(3) PUBLIC	20,000.				NOVEL CONVERSATIONS
(2) INDIANA LANDMARKS 1201 CENTRAL AVE. INDIANAPOLIS, IN 46202	351162873	501(C)(3) PUBLIC	78,000.				CHARITABLE CONTRIBUTIONS
(3) INDIANA LATINO INSTITUTE 401 W. MICHIGAN ST., #100	260036285	501(C)(3) PUBLIC	88,348.				SCHOLARSHIP SUPPORT
(4) INDIANA REPERTORY THEATRE, INC. 140 W. WASHINGTON ST.	351186290	501(C)(3) PUBLIC	87,435.				2013/2014 ANNUAL FUNDS
(5) INDIANA UNIVERSITY FOUNDATION 340 W. MICHIGAN ST. INDIANAPOLIS, IN 46202	356018940	501(C)(3) PUBLIC	124,037.				OSTEOSARCOMA RESEARCH
(6) INDIANAFIRST P.O. BOX 147 HUNTINGTON, IN 46750	454639053	501(C)(3) PUBLIC	10,000.				OPERATING SUPPORT
(7) INDIANAPOLIS ART CENTER 820 E. 67TH ST. INDIANAPOLIS, IN 46220	351088735	501(C)(3) PUBLIC	171,310.				ART REACH
(8) INDIANAPOLIS CHAMBER ORCHESTRA 4603 CLARENDON RD., SUITE 36	311132072	501(C)(3) PUBLIC	91,224.				2014 DISTRIBUTION
(9) INDIANAPOLIS CHILDREN'S CHOIR 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	351690755	501(C)(3) PUBLIC	15,000.				GENERAL OPERATING SUPPORT
(10) INDIANAPOLIS COLTS FOUNDATION 7001 W. 56TH ST.	371451195	501(C)(3) PUBLIC	18,300.				2014 CHUCKSTRONG TAI
(11) INDIANAPOLIS CULTURAL TRAIL, INC. 202 E. MARKET ST INDIANAPOLIS, IN 46204	263831457	501(C)(3) PUBLIC	125,000.				BIKESHARE PROGRAM
(12) INDIANAPOLIS MUSEUM OF ART 4000 N. MICHIGAN RD.	350867955	501(C)(3) PUBLIC	1,015,577.				GENERAL OPERATING SUPPORT

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(1) INDIANAPOLIS MUSEUM OF CONTEMPORARY ART 1043 VIRGINIA AVE., SUITE 5	352155600	501(C)(3) PUBLIC	65,000.				CAPACITY BUILDING CO
(2) INDIANAPOLIS PARKS FOUNDATION 615 N. ALABAMA ST., SUITE 119	351860468	501(C)(3) PUBLIC	123,198.				SENIORS ON THE MOVE
(3) INDIANAPOLIS PUBLIC SCHOOLS 120 E. WALNUT ST. INDIANAPOLIS, IN 46204	356002486	EDUCATIONAL ORG	134,768.				PRESCHOOL #103
(4) INDIANAPOLIS SCHOOL OF BALLET 502 N. CAPITOL AVE., SUITE B	342066059	501(C)(3) PUBLIC	100,000.				GENERAL OPERATING SU
(5) INDIANAPOLIS SYMPHONIC CHOIR 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	356035494	501(C)(3) PUBLIC	10,500.				TIMELESS IN SONG
(6) INDIANAPOLIS SYMPHONY ORCHESTRA 32 E. WASHINGTON ST., SUITE 600	350998627	501(C)(3) PUBLIC	234,765.				GENERAL OPERATING SU
(7) INDIANAPOLIS ZOOLOGICAL SOCIETY, INC. 1200 W. WASHINGTON ST.	351074747	501(C)(3) PUBLIC	10,500.				CAMPAIGN FOR CONSERV
(8) INDY READS LIBRARY SERVICES CENTER, 2450 N. MERIDIAN S	311227489	501(C)(3) PUBLIC	50,000.				INDY WRITES BOOK
(9) INDYBAROQUE MUSIC, INC. 401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	352107488	501(C)(3) PUBLIC	17,487.				2014 DISTRIBUTION
(10) INSTITUTE FOR AFFORDABLE TRANSPORTATION 5868 E. 71ST. ST., SUITE E-199	352133517	501(C)(3) PUBLIC	12,000.				PURCHASE OF BUV INVE
(11) INTEGRATED COMMUNITY DEVELOPMENT INTERNATIO P.O. BOX 247 WINONA LAKE, IN 46590	320112278	501(C)(3) PUBLIC	6,000.				GENERAL OPERATING SU
(12) INTERCESSION GROUP, INC. 1037 MARINER DR. WARSAW, IN 46582	451607122	501(C)(3) PUBLIC	50,000.				GENERAL FUND

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(1) INTERLOCHEN CENTER FOR THE ARTS P.O. BOX 199 INTERLOCHEN, MI 49643	381689022	501(C)(3) PUBLIC	25,000.				TARKINGTON SCHOLAR
(2) INTERNATIONAL CRYPTOZOOLOGY MUSEUM 11 AVON ST. PORTLAND, ME 04101	453598429	501(C)(3) PUBLIC	10,000.				MUSEUM ENHANCEMENTS,
(3) IRVINGTON PRESBYTERIAN CHURCH 55 JOHNSON AVE. INDIANAPOLIS, IN 46219	350868021	501(C)(3) PUBLIC	26,994.				2014 DISTRIBUTION
(4) IVY TECH FOUNDATION 50 W. FALL CREEK PKWY. N. DR.	237073977	501(C)(3) PUBLIC	32,000.				IVY TECH AUTOMOTIVE
(5) JEFFERSONVILLE MAIN STREET, INC. P.O. BOX 1474 JEFFERSONVILLE, IN 47130	311240279	501(C)(3) PUBLIC	10,000.				THE PEARL STREET PRO
(6) JEWISH FEDERATION OF GREATER INDIANAPOLIS 6705 HOOVER RD. INDIANAPOLIS, IN 46260-4120	350888017	501(C)(3) PUBLIC	100,000.				ANNUAL CAMPAIGN SUPP
(7) JOHN H. BONER COMMUNITY CENTER 2236 E. 10TH ST.	237204495	501(C)(3) PUBLIC	50,000.				CENTER FOR WORKING F
(8) JOHN MICHAEL KOHLER ARTS CENTER 608 NEW YORK AVE. SHEBOYGAN, WI 53081	391085180	501(C)(3) PUBLIC	10,000.				THIS MUST BE THE PLA
(9) JOY'S HOUSE 2028 E. BROAD RIPPLE AVE.	352083290	501(C)(3) PUBLIC	25,000.				JOY'S HOUSE UINDY
(10) JUNIOR ACHIEVEMENT OF CENTRAL INDIANA, INC. 9449 PRIORITY WAY W DR.	351003695	501(C)(3) PUBLIC	25,000.				CHARITABLE CONTRIBUT
(11) KEEP INDIANAPOLIS BEAUTIFUL, INC. 1029 FLETCHER AVE., SUITE 100	311005792	501(C)(3) PUBLIC	440,251.				GREEN ROOF PROJECT
(12) LEGACY FOUNDATION, INC. 1000 E. 80TH PL., SUITE 402 NORTH	351872803	501(C)(3) PUBLIC	25,000.				SHIFTING SANDS DOCUM

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Department of the Treasury
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(1) LEGACY FUND, INC. 515 EAST MAIN STREET, SUITE 100	200900981	501(C)(3) PUBLIC	16,500.				CHARITABLE CONTRIBUTION
(2) LITTLE RED DOOR CANCER AGENCY 1801 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	350914096	501(C)(3) PUBLIC	65,000.				SENIOR RIDES OF HOPE
(3) LITTLE SISTERS OF THE POOR OF INDIANAPOLIS, ST. AUGUSTINE HOME, 2345 W. 86TH ST.	351007734	RELIGIOUS ORGANIZATION	10,000.				GENERAL OPERATING SUPPORT
(4) LOCAL INITIATIVES SUPPORT CORPORATION 202 E. MARKET ST., THE PLATFORM	133030229	501(C)(3) PUBLIC	75,000.				CENTER FOR WORKING FAMILIES
(5) LOCKPORT MENNONITE CHURCH 9269 COUNTY RD. 21 N STRYKER, OH 43557	341096720	RELIGIOUS ORGANIZATION	19,000.				CHARITABLE CONTRIBUTION
(6) LOOKINGGLASS THEATRE COMPANY JOHN HANCOCK CENTER, 875 N. MICHIGAN AVE.,	363653114	501(C)(3) PUBLIC	15,000.				YOUTH SCHOLARSHIPS PROGRAM
(7) LOST CREEK GROVE RESTORATION & PRESERVATION P.O. BOX 3507 TERRE HAUTE, IN 47803	320130405	501(C)(3) PUBLIC	15,000.				LOST CREEK GROVE LAND ACQUISITION
(8) LOYOLA ACADEMY 1100 LARAMIE AVE. WILMETTE, IL 60091-1089	362367981	501(C)(3) PUBLIC	40,000.				O'SHAUGHNESSY PROGRAM
(9) MAPLETON-FALL CREEK DEVELOPMENT CORPORATION 130 E. 30TH ST. INDIANAPOLIS, IN 46205	351654999	501(C)(3) PUBLIC	90,450.				SPIDER GATEWAY PROJECT
(10) MARIAN UNIVERSITY 3200 COLD SPRING RD.	350868175	501(C)(3) PUBLIC	21,000.				CYCLING PROGRAM
(11) MARION COUNTY COMMISSION ON YOUTH 3901 N. MERIDIAN ST., SUITE 201	351900516	501(C)(3) PUBLIC	20,000.				PROJECT UNLIMITED POTENTIAL
(12) MARY RIGG NEIGHBORHOOD CENTER 1920 W. MORRIS ST. INDIANAPOLIS, IN 46221	350868954	501(C)(3) PUBLIC	52,000.				STREET TEAMS

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(1) MCGIVNEY HEALTH CARE CENTER 2907 E. 136TH ST. CARMEL, IN 46033	352139972	501(C)(3) PUBLIC	12,640.				POINT OF CARE KIOSKS
(2) MEALS ON WHEELS OF CENTRAL INDIANA P.O. BOX 40969 INDIANAPOLIS, IN 46240-0969	351182075	501(C)(3) PUBLIC	25,000.				HEAD START NUTRITION
(3) MEALS ON WHEELS OF HAMILTON COUNTY 395 WESTFIELD RD.	351344488	501(C)(3) PUBLIC	20,541.				MEAL PROGRAM
(4) MEALS ON WHEELS OF HANCOCK COUNTY 1133 W. MAIN ST., SUITE C	352117913	501(C)(3) PUBLIC	8,500.				SUPPORT OUR NEED TO
(5) MIDWEST ACADEMY OF INDIANA 801 CONGRESIONAL BLVD, SUITE 600	351890348	501(C)(3) PUBLIC	20,000.				CURRICULUM DEVELOPME
(6) MILAN 54, INC. 203 W. CARR ST. MILAN, IN 47031	352112183	501(C)(3) PUBLIC	12,000.				VIDEO AND AUDIO DOCU
(7) MILLIGAN COLLEGE INSTITUTIONAL ADVANCEMENT	620535755	501(C)(3) PUBLIC	33,000.				SCHOLARSHIP SUPPORT
(8) MONTPELIER HISTORIC PRESERVATION ASSOCIATIO 214 N. WASHINGTON ST. MONTPELIER, IN 47359	200724330	501(C)(3) PUBLIC	8,000.				HISTORIC CHURCH BUIL
(9) MUSEUM OF CONTEMPORARY ART 220 E. CHICAGO AVE. CHICAGO, IL 60611	366154098	501(C)(3) PUBLIC	925,000.				MCA ANNUAL FUND
(10) MUSEUM OF SCIENCE AND INDUSTRY 5700 S. LAKE SHORE DR.	362167797	501(C)(3) PUBLIC	12,500.				ANNUAL FUND FOR GENE
(11) NAPLES CHILDREN & EDUCATION FOUNDATION 6200 SHIRLEY ST., SUITE 206	651001650	501(C)(3) PUBLIC	10,000.				GENERAL OPERATING SU
(12) NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 3333 N. MERIDIAN ST., STE. 201	351916572	501(C)(3) PUBLIC	7,998.				2014 DISTRIBUTION

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- 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
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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 HARMONY PROJECT P.O. BOX 441062 INDIANAPOLIS, IN 46244-1062	351728624	501(C)(3) PUBLIC	10,000.				GENERAL OPERATING SU
(2) NEW PRAIRIE HIGH SCHOOL 5333 N. COUGAR RD. NEW CARLISLE, IN 46552	351090941	EDUCATIONAL ORG	7,511.				NEW PRAIRIE BUILDING
(3) NEWSEUM, INC. 555 PENNSYLVANIA AVE. NW	203985447	501(C)(3) PUBLIC	200,000.				GREAT BOOKS GALLERY
(4) OASIS INDIANAPOLIS 10800 E. WASHINGTON ST.	431830354	501(C)(3) PUBLIC	25,000.				PEERS FOR PRODUCTIVE
(5) ONE ACCORD INC., KIDS ALLEY PMB 194, 283-B, EGG HARBOR RD.	223636813	501(C)(3) PUBLIC	25,000.				GENERAL OPERATING SU
(6) OPERA HOUSE ARTS P.O. BOX 56 STONINGTON, ME 04681	010526734	501(C)(3) PUBLIC	11,000.				CAPITAL CAMPAIGN
(7) ORCHARD PARK PRESBYTERIAN CHURCH 1605 E. 106TH ST. INDIANAPOLIS, IN 46280	236393377	RELIGIOUS ORGAN	12,000.				CHARITABLE CONTRIBUT
(8) OUTREACH, INC. 2822 E. NEW YORK ST. INDIANAPOLIS, IN 46201	351989358	501(C)(3) PUBLIC	5,500.				GENERAL OPERATING SU
(9) OUTSIDE THE BOX, INC. 3940 E. 56TH ST. INDIANAPOLIS, IN 46220	412261668	501(C)(3) PUBLIC	25,000.				OPERATING SUPPORT
(10) PARK TUDOR SCHOOL 7200 N. COLLEGE AVE. INDIANAPOLIS, IN 46240	350909976	501(C)(3) PUBLIC	58,500.				ATHLETIC PROGRAM
(11) PARK TUDOR YOUNG LIFE 4631 LISBORN DR. CARMEL, IN 46033	840385934	501(C)(3) PUBLIC	7,500.				GENERAL OPERATING SU
(12) PAWS AND THINK 320 N MERIDIAN, STE 825	352153710	501(C)(3) PUBLIC	28,073.				CHARITABLE CONTRIBUT

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

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

► Attach to Form 990.

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OMB No. 1545-0047

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(1) PEACE LEARNING CENTER 6040 DELONG RD., EAGLE CREEK PARK	352067284	501(C)(3) PUBLIC	40,000.				CREATING MORE PEACE
(2) PEREZ ART MUSEUM MIAMI 1103 BISCAYNE BLVD. MIAMI, FL 33132	592048869	501(C)(3) PUBLIC	250,000.				CAPITAL CAMPAIGN SUP
(3) PERRY SENIOR CITIZENS SERVICES, INC. 6901 DERBYSHIRE RD. INDIANAPOLIS, IN 46227	351416248	501(C)(3) PUBLIC	20,000.				KEEPING THEM CONNECT
(4) PHILMONT STAFF ASSOCIATION PHILMONT SCOUT RANCH, 17 DEER RUN RD.	237360180	501(C)(3) PUBLIC	7,966.				DEVELOP PRODUCTIVE C
(5) PHOENIX THEATRE, INC. 749 N. PARK AVE. INDIANAPOLIS, IN 46202	311069575	501(C)(3) PUBLIC	13,514.				CHARITABLE CONTRIBUT
(6) PINE RIDGE BIBLE CHURCH 280 S. RAY QUINCY RD. QUINCY, MI 49082	382515062	RELIGIOUS ORGAN	9,000.				CHARITABLE CONTRIBUT
(7) PLANNED PARENTHOOD OF INDIANA AND KENTUCKY 200 S. MERIDIAN ST., STE 400	350874276	501(C)(3) PUBLIC	84,926.				CHARITABLE CONTRIBUT
(8) PORTER COUNTY BUILDING TRADES CORP. INC. 1005 N. FRANKLIN ST. VALAPARAISO, IN 46385	237425923	501(C)(3) PUBLIC	7,500.				GRAND TRUNK DEPOT
(9) PRO(ACT) COMMUNITY PARTNERSHIP INC. 6832 BRENDON WAY N. DR.	273951990	501(C)(3) PUBLIC	15,000.				GENERAL OPERATING SU
(10) PROJECT HOME INDY PO BOX 683 INDIANAPOLIS, IN 46206	205045345	501(C)(3) PUBLIC	17,500.				GENERAL OPERATING SU
(11) PURDUE FOUNDATION DEVELOPMENT OFFICE, 403 W. WOOD ST.	310958507	501(C)(3) PUBLIC	25,500.				PMO PURDUE VARSITY G
(12) REBUILDING TOGETHER INDIANAPOLIS 414 N. COLLEGE AVE.	352099908	501(C)(3) PUBLIC	25,000.				SAFE AT HOME

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(1) RECYCLEFORCE 1125 BROOKSIDE AVE., SUITE D12	141892402	501(C)(3) PUBLIC	120,000.				2014 AMERICA RECYCLE
(2) REMEMBRANCES HOLOCAUST COALITION LIMITED 12707 STANWICH PL. CARMEL, IN 46033	463471514	501(C)(3) PUBLIC	44,000.				BALLET IN MEMORY OF
(3) RICHMOND ART MUSEUM 350 HUB ETCHISON PKWY	356005040	501(C)(3) PUBLIC	20,000.				2015 WINTER ICE FEST
(4) RIVOLI CENTER FOR THE PERFORMING ARTS INC. P.O. BOX 44091 INDIANAPOLIS, IN 46244	010805318	501(C)(3) PUBLIC	10,000.				ROOF REPLACEMENT
(5) ROOSEVELT UNIVERSITY 430 S. MICHIGAN AVE. CHICAGO, IL 60605	362167854	501(C)(3) PUBLIC	20,000.				2015 BLACK MALE LEAD
(6) SCHOOL ON WHEELS 2605 E. 62ND ST., SUITE 2005	352151003	501(C)(3) PUBLIC	55,000.				FUNDING NEEDS
(7) SECOND HELPINGS, INC. THE EUGENE AND MARILYN GLICK CENTER, 1121 S	351484281	501(C)(3) PUBLIC	100,000.				GENERAL OPERATING SU
(8) SHEPHERD COMMUNITY INC. 4107 E. WASHINGTON ST.	351765846	501(C)(3) PUBLIC	5,500.				SPORTS PROGRAMS AT S
(9) SIERRA CLUB FOUNDATION 85 SECOND ST., SUITE 750	946069890	501(C)(3) PUBLIC	1,250,000.				ROBERT H. MCKINNEY G
(10) SOCIEDAD AMIGOS DE COLUMBIA, INC. (SADCO) P.O. BOX 1141 CARMEL, IN 46082	351624409	501(C)(3) PUBLIC	43,269.				SCHOLARSHIP SUPPORT
(11) SOUTH CENTRAL COMMUNITY ACTION PROGRAM 1500 W. 15TH ST. BLOOMINGTON, IN 47404	356050163	501(C)(3) PUBLIC	25,000.				GROWING OPPORTUNITIE
(12) SOUTHEAST COMMUNITY SERVICES, INC. 901 S. SHELBY ST. INDIANAPOLIS, IN 46203	351318068	501(C)(3) PUBLIC	83,891.				MOVING FORWARD PROGR

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(1) SOUTHEAST NEIGHBORHOOD DEVELOPMENT, INC. 1035 SANDERS ST., STE 118	351557200	501(C)(3) PUBLIC	121,000.				PROSPECT FALLS PLAZA
(2) SPANISH WORLD MINISTRIES P.O. BOX 542 WINONA LAKE, IN 46590	351057536	501(C)(3) PUBLIC	6,000.				GENERAL OPERATING SU
(3) ST. MARY'S CHILD CENTER 901 DR. MARTIN LUTHER KING JR. ST.	530196617	501(C)(3) PUBLIC	74,900.				TUITION ASSISTANCE/S
(4) ST. PAUL HERMITAGE 501 N. 17TH AVE. BEECH GROVE, IN 46107	462767916	RELIGIOUS ORGAN	100,000.				MEMORY CARE PROGRAM
(5) ST. PAUL'S EPISCOPAL CHURCH 301 S.E. FIRST ST. EVANSVILLE, IN 47713	351079324	RELIGIOUS ORGAN	25,000.				RENOVATION OF CHURCH
(6) ST. VINCENT FOUNDATION 8402 HARCOURT RD., #210	356088862	501(C)(3) PUBLIC	50,500.				ST. VINCENT HOPICE
(7) STARFISH INITIATIVE 814 N. DELAWARE ST. INDIANAPOLIS, IN 46204	562442758	501(C)(3) PUBLIC	11,500.				CHARITABLE CONTRIBUT
(8) TECHPOINT FOUNDATION FOR YOUTH DEVELOPERTOWN, STE. #150, 5255 WINTHROP AVE	352155455	501(C)(3) PUBLIC	120,000.				TPF4Y 2014 OPERATING
(9) THE ATHENAEUM FOUNDATION, INC. 401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	351834667	501(C)(3) PUBLIC	15,000.				ADA-ACCESSIBLE WALKW
(10) THE CABARET 121 MONUMENT CIR., SUITE 516	311225154	501(C)(3) PUBLIC	155,554.				2014 DISTRIBUTION
(11) THE CENTER FOR THE PERFORMING ARTS 355 W. CITY CENTER DR. CARMEL, IN 46032	203901164	501(C)(3) PUBLIC	142,857.				GENERAL OPERATING FU
(12) THE FIELD MUSEUM 1400 S. LAKE SHORE DR.	362167011	501(C)(3) PUBLIC	100,500.				CHAIRMAN'S CIRCLE SU

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(1) THE GREENLEAF CENTER FOR SERVANT-LEADERSHIP 770 PAWTUCKET DR WESTFIELD, IN 46074	046122305	501(C)(3) PUBLIC	220,000.				2014 DISTRIBUTION
(2) THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS 429 E. VERMONT ST., SUITE 300	356203550	509 PF PRIVATE	25,000.				SPOTLIGHT 2015
(3) THE INDIANAPOLIS FOUNDATION, INC. 615 N. ALABAMA ST., SUITE 119	464618430	501(C)(3) PUBLIC	139,300.				CHARITABLE CONTRIBUTION
(4) THE INDIANAPOLIS PUBLIC LIBRARY FOUNDATION, P.O. BOX 6134 INDIANAPOLIS, IN 46206-6134	237016089	501(C)(3) PUBLIC	252,000.				SUMMER READING PROGRAM
(5) THE JULIAN CENTER, INC. 2011 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351346514	501(C)(3) PUBLIC	190,520.				2014 PAYROLL DISBURS
(6) THE KALAPRIYA FOUNDATION, CENTER FOR INDIAN 410 S. MICHIGAN, #470 CHICAGO, IL 60605	363987947	501(C)(3) PUBLIC	15,000.				GENERAL OPERATING SUPPORT
(7) THE LINTNER FOUNDATION INC. 9501 E. 300 S. ZIONSVILLE, IN 46077	462871322	501(C)(3) PUBLIC	6,600.				CHARITABLE CONTRIBUTION
(8) THE LOFT LITERARY CENTER 1011 WASHINGTON AVE. S., SUITE 200	411297735	501(C)(3) PUBLIC	10,000.				GENERAL OPERATING SUPPORT
(9) THE LUGAR CENTER 1717 RHODE ISLAND AVE NW, 9TH FLOOR	461706566	501(C)(3) PUBLIC	50,000.				GENERAL OPERATING
(10) THE NATURE CONSERVANCY IN INDIANA 620 E. OHIO ST. INDIANAPOLIS, IN 46202-2418	530242652	501(C)(3) PUBLIC	65,705.				GENERAL OPERATING SUPPORT
(11) THE NAVIGATORS P.O. BOX 6000 COLORADO SPRINGS, CO 80934	846007896	501(C)(3) PUBLIC	8,600.				CHARITABLE CONTRIBUTION
(12) THE SALVATION ARMY 3100 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	362167910	501(C)(3) PUBLIC	15,000.				CENTRAL INDIANA OLDER

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SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
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(1) THE SOCIAL OF GREENWOOD 550 POLK AVE. GREENWOOD, IN 46143	351476552	501(C)(3) PUBLIC	25,000.				7 DIMENSIONS OF WELL
(2) THE VILLAGE COOPERATIVE INC. 4619 N. PARK AVE. INDIANAPOLIS, IN 46205	264098400	501(C)(3) PUBLIC	12,000.				NEW PLASTICS RECYCLI
(3) TRUSTED MENTORS 872 VIRGINIA AVE. INDIANAPOLIS, IN 46203	262661971	501(C)(3) PUBLIC	85,000.				OPERATING SUPPORT
(4) U.S. NAVAL ACADEMY FOUNDATION 291 WOOD RD., BEACH HALL	237003516	501(C)(3) PUBLIC	1,000,000.				SEMESTER ABROAD PROG
(5) UNION COLLEGE 310 COLLEGE ST., CAMPUS BOX CPO D 004	610461768	501(C)(3) PUBLIC	10,000.				EDNA MANN SCHOOL OF
(6) UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST.	351007590	501(C)(3) PUBLIC	585,032.				THE TOCQUEVILLE SOCI
(7) UNIVERSITY OF CHICAGO SMART MUSEUM OF ART UNIVERSITY OF CHICAGO, 5550 S. GREENWOOD AV	362177139	501(C)(3) PUBLIC	30,000.				HOW TO MAKE A SMART
(8) UNIVERSITY OF EVANSVILLE 1800 LINCOLN AVE. EVANSVILLE, IN 47722	350868074	501(C)(3) PUBLIC	18,000.				EMERGING CONTEMPORAR
(9) UNIVERSITY OF ILLINOIS FOUNDATION UIC COLLEGE OF MEDICINE, 1747 W. ROOSEVELT	376006007	501(C)(3) PUBLIC	25,000.				CHICAGO DIABETES PRO
(10) UNIVERSITY OF SOUTHERN INDIANA FOUNDATION 8600 UNIVERSITY BLVD. EVANSVILLE, IN 47712	237042320	501(C)(3) PUBLIC	45,100.				HISTORIC NEW HARMONY
(11) UNLIMITED POTENTIAL INC. P.O. BOX 1355 WARSAW, IN 46581-1355	311014369	501(C)(3) PUBLIC	7,000.				GENERAL OPERATING SU
(12) UPPER WHITE RIVER WATERSHED ALLIANCE P.O. BOX 2065 INDIANAPOLIS, IN 46206-2065	352076148	501(C)(3) PUBLIC	15,000.				CLEAR CHOICES CLEAN

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(1) VILLAGE OF MERICI 5707 LAWTON LOOP EAST DR.	432104075	501(C)(3) PUBLIC	16,520.				PURCHASE OF A VEHICLE
(2) VSA INDIANA, INC. 1505 N. DELAWARE ST., SUITE 100	351529183	501(C)(3) PUBLIC	55,072.				CHARITABLE CONTRIBUTION
(3) WARSAW COMMUNITY CHURCH 103 ENTERPRISE DR. WARSAW, IN 46580	351909524	501(C)(3) PUBLIC	6,000.				GENERAL OPERATING SUPPORT
(4) WASHINGTON IRVING ELEMENTARY SCHOOL IPS #14 1250 EAST MARKET ST. INDIANAPOLIS, IN 46202	356002486	EDUCATIONAL ORGANIZATION	5,285.				PROJECT LEAD THE WAY
(5) WATER FOR GOOD P.O. BOX 247 WINONA LAKE, IN 46590	320112278	501(C)(3) PUBLIC	56,000.				GENERAL OPERATING SUPPORT
(6) WEST INDIANAPOLIS DEVELOPMENT CORP. 1211 S. HIATT ST	351886746	501(C)(3) PUBLIC	15,475.				HOLIDAY TREE LIGHTING
(7) WFYI PUBLIC MEDIA 1630 N. MERIDIAN ST., SUITE 2105	351147600	501(C)(3) PUBLIC	49,892.				AMPLIFY THE VOICES
(8) WHEELER MISSION MINISTRIES 205 E. NEW YORK ST. INDIANAPOLIS, IN 46204	350888771	501(C)(3) PUBLIC	17,500.				CAMP AT HEBRON
(9) WILBERFORCE UNIVERSITY 1055 N. BICKETT RD.	310604719	501(C)(3) PUBLIC	10,000.				AFRICAN-AMERICAN/ISRAELI
(10) WILHELM REICH INFANT TRUST ORGONON, DODGE POND RD.; P.O. BOX 687	010485254	501(C)(3) PUBLIC	10,000.				GENERAL OPERATING SUPPORT
(11) WILLARD GAMBOLD PREPARATORY HIGH SCHOOL 3725 KIEL AVE. INDIANAPOLIS, IN 46224	356002486	EDUCATIONAL ORGANIZATION	25,000.				WEEK WITHOUT WALLS
(12) WILLOW CREEK ASSOCIATION P.O. BOX 3188 BARRINGTON, IL 60011-3188	363799040	501(C)(3) PUBLIC	25,000.				GLOBAL LEADERSHIP SUPPORT

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Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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) WOMAN MADE GALLERY 685 N. MILWAUKEE AVE. CHICAGO, IL 60642	363840956	501(C)(3) PUBLIC	10,000.				20 NEIGHBORHOODS PRO
(2) YMCA OF GREATER INDIANAPOLIS 615 N. ALABAMA ST., SUITE 200	350868211	501(C)(3) PUBLIC	591,338.				CHARITABLE CONTRIBUT
(3) YOUNG ACTORS THEATRE 401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	351556468	501(C)(3) PUBLIC	35,000.				OPEN STUDIO PROGRAMM
(4) YOUNG AUDIENCES OF INDIANA, INC. 3921 N. MERIDIAN ST., SUITE 210	351148812	501(C)(3) PUBLIC	10,951.				COLLABORATION OF GEN
(5) YOUNG LIFE BEAVERCREEK 721 MARICLAIRE AVE. VANDALIA, OH 45377	840385934	501(C)(3) PUBLIC	20,000.				OPERATIONS AND CAMP
(6) YOUNG LIFE CHESAPEAKE 173 MOUNT PLEASANT RD.	840385934	501(C)(3) PUBLIC	30,000.				OPERATIONS AND CAMP
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 258.

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) (2014)

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

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

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

SCHEDULE I, PART I, LINE 2

WHEN MAKING A GRANT, THE FOUNDATION VERIFIES THE GRANTEE ORGANIZATION'S CHARITABLE STATUS AND THAT THE GRANTEE IS COMPLIANT WITH ALL CONDITIONS AND PAST GRANT REPORTING REQUIREMENTS. A GRANT LETTER ACCOMPANIES EACH GRANT PAYMENT THAT INCLUDES THE GRANT PURPOSE AND REPORTING REQUIREMENTS. THE LETTER ALSO STATES THAT THE GRANT FUNDS MUST BE USED SOLELY FOR THE CHARITABLE PURPOSES DESCRIBED AND THAT ANY UNUSED FUNDS MUST BE RETURNED TO THE FOUNDATION UNLESS AN AMENDED GRANT PURPOSE IS AUTHORIZED BY THE FOUNDATION IN WRITING.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) 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? **5a** ☐ Yes ☒ No
- b** Any related organization? **5b** ☐ Yes ☒ No
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** ☐ Yes ☒ No
- b** Any related organization? **6b** ☐ Yes ☒ No
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

Page **2****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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	BRIAN E. PAYNE PRESIDENT AND CEO	(i) 220,326.	0	0	30,940.	15,972.	267,238.	0
		(ii) 135,038.	0	0	18,963.	9,789.	163,790.	0
2	JENNIFER K. BARTENBACH CFO	(i) 100,275.	0	0	6,017.	4,576.	110,868.	0
		(ii) 69,683.	0	0	4,181.	3,180.	77,044.	0
3	ROB MACPHERSON VP DEVELOPMENT	(i) 72,893.	0	0	14,180.	10,142.	97,215.	0
		(ii) 70,035.	0	0	13,623.	9,744.	93,402.	0
4	ELIZABETH TATE VP COMMUNITY INVESTMENT	(i) 26,732.	0	0	6,262.	3,343.	36,337.	0
		(ii) 106,930.	0	0	25,046.	13,369.	145,345.	0
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Schedule J (Form 990) 2014

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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Noncash Contributions

- ▶ 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.

OMB No. 1545-0047

2014

**Open To Public
Inspection**

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	40 .	2,591,601 .	FMV ON DATE RECEIVED
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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	
32a 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.		

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Schedule M (Form 990) (2014)

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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, PART I, LINE 32B

A CUSTODIAL BANK IS USED TO SELL STOCKS RECEIVED AS GIFTS.

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

2014

**Open to Public
Inspection**

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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, AND INDIANAPOLIS PARKS
FOUNDATION. CICF FILES ALL REQUIRED FEDERAL EMPLOYMENT TAX RETURNS AS
THE COMMON PAYMASTER.

PART VI, SECTION A, LINE 2

MILTON O. THOMPSON AND LEE WHITE HAVE A BUSINESS RELATIONSHIP.

PART VI, SECTION B, LINE 11B

THE FORM 990 IS REVIEWED IN DETAIL BY THE CFO AND ALSO BY AN INDEPENDENT
ACCOUNTING FIRM. FOLLOWING THE REVIEWS, ALL BOARD MEMBERS ARE PROVIDED A
COPY OF THE FORM 990 TO REVIEW AND ASK QUESTIONS OR REVISE BEFORE IT IS
FILED WITH THE IRS.

PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY QUESTIONNAIRES 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. THESE

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

ACTIONS ARE DOCUMENTED IN THE BOARD MINUTES.

PART VI, SECTION B, LINE 15A & 15B

COMPARATIVE COMPENSATION DATA IS GATHERED ANNUALLY BY THE HUMAN RESOURCE MANAGER AND IS USED TO DETERMINE THE APPROPRIATENESS OF INDIVIDUAL COMPENSATION FOR ALL EMPLOYEES AS PART OF THE REVIEW AND BUDGET 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.

PART VI, SECTION C, LINE 19

THE PUBLIC DISCLOSURE COPY OF FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE ALL AVAILABLE UPON REQUEST.

PART XI LINE 9

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	242,418
CHANGE IN DEFINED BENEFIT PENSION PLAN	(387,818)
TRANSFERS AND OTHER EXCHANGES	(1,781,188)
TOTAL:	(1,926,588)

ATTACHMENT 1

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

THE MISSION OF CENTRAL INDIANA COMMUNITY FOUNDATION (CICF) IS TO INSPIRE, SUPPORT, AND PRACTICE PHILANTHROPY, LEADERSHIP, AND SERVICE IN OUR COMMUNITY. THROUGH THE GENEROSITY OF THOUSANDS OF DONORS, CICF IS THE STEWARD FOR CHARITABLE ASSETS FOCUSING ON THREE AREAS THAT MAKE CENTRAL INDIANA A BETTER PLACE TO LIVE FOR CURRENT AND FUTURE GENERATIONS: 1.) GRANTMAKING FROM A VARIETY OF FUNDS TO

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

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

OTHER EFFECTIVE NOT-FOR-PROFITS 2.) COMMUNITY LEADERSHIP ON ISSUES
 LIKE HELPING FAMILIES OVERCOME OBSTACLES, CREATING GREAT PUBLIC
 SPACES, AND EMBRACING OUR ETHNIC COMMUNITIES 3.) PHILANTHROPIC
 ADVISING TO HELP PEOPLE MAKE THEIR CHARITABLE GIVING MORE
 THOUGHTFUL AND ENJOYABLE. WE ACCOMPLISH THE ABOVE THROUGH OUR THREE
 INITIATIVES: INSPIRING PLACES, FAMILY SUCCESS AND EDUCATION.

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 - A DIVISION OF ENVISTA 11711 N. MERIDIAN ST., STE 190 CARMEL, IN 46032-4500	COMPUTER	140,958.

ATTACHMENT 3FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
LATINO SCHOLARSHIP DINNER	347,199.
SPECIAL EVENT	278,460.
TOTAL	<u>625,659.</u>

ATTACHMENT 4

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

ATTACHMENT 4 (CONT'D)FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
LATINO SCHOLARSHIP DINNER	20,300.		20,300.
SPECIAL EVENT	35,150.	135,686.	-100,536.
TOTALS	<u>55,450.</u>	<u>135,686.</u>	<u>-80,236.</u>

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014**Open to Public
Inspection**

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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

(a) Name, address, and EIN (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) THE INDIANAPOLIS FOUNDATION, INC. 45-4618430 615 N. ALABAMA ST., STE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)3	7	CICF	X	
(2) THE WILLIAM E. ENGLISH FOUNDATION 35-0929970 615 N. ALABAMA ST., STE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)3	11A	INDPLS FNDDT		X
(3) INDIANAPOLIS PARKS FOUNDATION INC. 35-1860468 615 N. ALABAMA ST., STE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)3	11A	CICF	X	
(4) MCCAW FAMILY FOUNDATION, INC. 35-2057394 615 N. ALABAMA ST., STE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)3	11A	CICF	X	
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2014

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)	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	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) INDIANAPOLIS FOUNDATION, INC.	B	139,300.	FMV
(2) INDIANAPOLIS PARKS FOUNDATION	B	123,198.	FMV
(3) INDIANAPOLIS PARKS FOUNDATION	Q	336,901.	FMV
(4) INDIANAPOLIS FOUNDATION, INC.	P	3,252,076.	FMV
(5) INDIANAPOLIS FOUNDATION, INC.	C	876,578.	FMV
(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 sections 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).

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2014Department of the Treasury
Internal Revenue ServiceFor calendar year 2014 or other tax year beginning 01/01, 2014, and ending 12/31, 2014.▶ 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

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section		CENTRAL INDIANA COMMUNITY FOUNDATION INC	35-1793680
<input checked="" type="checkbox"/> 501(C)(3)		Number, street, and room or suite no. If a P.O. box, see instructions.	E Unrelated business activity codes (See instructions.)
<input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)		615 NORTH ALABAMA STREET	
<input type="checkbox"/> 408A <input type="checkbox"/> 530(a)	City or town, state or province, country, and ZIP or foreign postal code	INDIANAPOLIS, IN 46204	525990
<input type="checkbox"/> 529(a)			
C Book value of all assets at end of year	F Group exemption number (See instructions.) ▶		
396,310,177.	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

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

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)		2		
3	Gross profit. Subtract line 2 from line 1c		3		
4a	Capital gain net income (attach Schedule D)		4a	494,170.	494,170.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c	Capital loss deduction for trusts		4c		
5	Income (loss) from partnerships and S corporations (attach statement)		5	519,237. ATCH 1	519,237.
6	Rent income (Schedule C)		6		
7	Unrelated debt-financed income (Schedule E)		7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10	Exploited exempt activity income (Schedule I)		10		
11	Advertising income (Schedule J)		11		
12	Other income (See instructions; attach schedule)		12		
13	Total. Combine lines 3 through 12		13	1,013,407.	1,013,407.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	14,876.
15	Salaries and wages	15	22,700.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	3,023.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) ATTACHMENT 2	28	35,000.
29	Total deductions. Add lines 14 through 28	29	75,599.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	937,808.
31	Net operating loss deduction (limited to the amount on line 30)	31	937,808.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	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 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule). **42**

43 Total tax. Add lines 41 and 42. **43** 0

44 a Payments: A 2013 overpayment credited to 2014. **44a**

b 2014 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 **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 2015 estimated tax Refunded **49**

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

- 1** At any time during the 2014 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here CAYMAN ISLAND
- 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.
- 3** Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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

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

Sign Here

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

Signature of officer

Date

Title

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

Paid Preparer Use Only

Print/Type preparer's name

JOYCE A DULWORTH

Preparer's signature

Date

11/11/15

Check ☐ if self-employed

PTIN

P00151125

Firm's name **BKD, LLP**

Firm's EIN **44-0160260**

Firm's address **200 E. MAIN ST. SUITE 700**

Phone no. **260-460-4000**

FORT WAYNE, IN 46802

Form **990-T** (2014)

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

(see instructions)

1. Description of property

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

2. Rent received or accrued

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

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

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

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

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

Total dividends-received deductions included in column 8 ▶

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

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

Nonexempt Controlled Organizations

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

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)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals				

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

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

Schedule J - Advertising Income (see instructions)**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	5.
ENCAP ENERGY CAPITAL FUND IX LP	-97,313.
ENERGY TRANSFER PARTNERS LP	-246.
ENTERPRISE PRODUCTS PARTNERS LP	-9,917.
GLOBAL ENVIRONMENT CAPITAL COMPANY LLC	37.
GMO FORESTRY FUND 8-B LP	-11,283.
KAYNE ANDERSON ENERGY FUND III	24,255.
KAYNE ANDERSON ENERGY FUND IV	620,613.
AIF VI (LS AIV) LP	-1,101.
LIME ROCK RESOURCES B LP	113,494.
LEVEL EQUITY GROWTH PARTNERS I AIV (NB) LP	7,074.
NATURAL GAS PARTNERS IX	45,959.
NAREP LP	1,006.
NAREP II LP	3,670.
DENHAM COMMODITY PARTNERS FUND LP	60,455.
METROPOLITAN REAL ESTATE PARTNERS	-531.
TRUEBRIDGE-KAUFFMAN ENDOWMENT FUND II LP	-5.
COMMON FUND CAPITAL VENTURE PARTNERS IX LP	1,188.
THE VARDE FUND IX-A LP	21,057.
KAYNE ANDERSON ENERGY FUND VI LP	-38,453.
AMBERBROOK IV LLC	1,004.
AMBERBROOK V LLC	-378.
AMBERBROOK VI LLC	-1.
NORTH SKY VENTURE FUND II LP	-3,646.
AG SUPER FUND, LP	-742.
YORKTOWN ENERGY PARTNERS IX LP	-128,993.
ONEOK PARTNERS LP	-86,529.
PLAINS ALL AMERICAN PIPELINE LP	-71.
ENERGY TRANSFER EQUITY LP	-299.
MAGELLAN MIDSTREAM PARTNERS LP	1,327.
THE BLACKSTONE GROUP LP	4.
SUBURBAN PROPANE PARTNERS LP	207.
SUGAR CREEK PROPERTIES	1,267.
LINN ENERGY, LLC	-21.
KINDER MORGAN ENERGY PARTNERS, LP	-3,856.
INCOME (LOSS) FROM PARTNERSHIPS	<u>519,237.</u>

ATTACHMENT 2FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

AUDIT FEES	20,000.
TAX PREP FEES	15,000.
PART II - LINE 28 - OTHER DEDUCTIONS	<u>35,000.</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

2014

Name CENTRAL INDIANA COMMUNITY FOUNDATION INC	Employer identification number 35-1793680
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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	205.			205.
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	205.

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	467,716.			467,716.
11 Enter gain from Form 4797, line 7 or 9			11	26,249.
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	493,965.

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	205.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	493,965.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	494,170.

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) (2014)**

Sales and Other Dispositions of Capital Assets► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

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

Name(s) shown on return

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Social security number or taxpayer identification number

35-1793680

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

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

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ST CAPITAL GAIN			205.				205.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)►				205.				205.

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

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2014)

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

Social security number or taxpayer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II

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

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

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

☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS

☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	LT CAPITAL GAIN			467,716.				467,716.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				467,716.				467,716.

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

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: \$116,955

KAYNE ANDERSON ENERGY FUND III (QP) LP EIN: 83-0407922
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$5,808

KAYNE ANDERSON ENERGY FUND IV (QP) LP EIN: 20-5659373
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$151,032

KAYNE ANDERSON ENERGY FUND VI (QP) LP EIN: 38-3865939
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$39,058

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

AMBERBROOK IV LLC EIN: 33-1102798
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$296

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

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

ENCAP ENERGY CAPITAL FUND IX LP EIN: 80-0860738
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$32,470

YORKTOWN ENERGY PARTNERS IX LP EIN: 27-3125579
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$124,402

DENHAM COMMODITY PARTNERS VI, LP EIN: 45-2484628
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$46,220

LIME ROCK RESOURCES B EIN: 81-0681141
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$11,556

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)
THE BLACKSTONE GROUP LP EIN:20-8875684
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$1

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

Central Indiana Community Foundation
Net Operating Loss Carryforward
12/31/2014

Tax Year	Federal Taxable Income	Federal NOL Used in PYs	Federal NOL Used in 12/31/14	Federal Remaining NOL C/F
12/31/2008	(981,757)	763,728	218,029	-
12/31/2009	(947,021)	-	719,779	(227,242)
12/31/2010	(595,184)			(595,184)
12/31/2011	722,254			722,254
12/31/2012	(253,930)			(253,930)
12/31/2013	251,496			251,496
12/31/2014	937,808			937,808
Total Losses	(866,334)		937,808	835,202
Used in PYs	763,728			
Fed NOL 12/31/14	937,808			

Public Disclosure Rules for Form 990

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

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

Public Inspection

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

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

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

Fees

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

Penalties

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

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

Public Disclosure for Tax-Exempt Organizations

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

Effective for Returns Filed After August 17, 2006

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

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

Where Must Information be Provided?

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

How Quickly Must Organizations Reply?

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

Written Requests

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

What Can an Organization Charge?

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

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

Local or Subordinate Organizations

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

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

Using the Internet

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

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

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

What if the Requests are a Form of Harassment?

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

Conclusion

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

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