



Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) 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 Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption.¹ If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization **may omit names and addresses of contributors from its return(s)**. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure 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(s) 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 \$.20 cents per page in addition to actual postage costs.

¹ Certain information within an application for exemption can be withheld from public 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.

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(s) 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 Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 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 believes 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.

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

Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

Department 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 2015 calendar year, or tax year beginning , 2015, 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 119		G Gross receipts \$ 78,049,045.		
	City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46204			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)	
F Name and address of principal officer: BRIAN PAYNE 615 NORTH ALABAMA ST, STE 119 INDIANAPOLIS, IN 46204			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		
J Website: ▶ WWW.CICF.ORG			H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1997 M State of legal domicile: IN		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>CICF EXISTS TO IMPROVE INDIANA TODAY AND FOREVER. CHARITABLE ASSETS ARE BUILT TO SUPPORT EFFECTIVE CHARITABLE ORGANIZATIONS WITH GRANTS AND PROVIDE LEADERSHIP TO ADDRESS NEEDS.</u>			
	2 Check this box <input 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)	20.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	20.	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	58.	
	6	Total number of volunteers (estimate if necessary)	20.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	75,335.	
7b	Net unrelated business taxable income from Form 990-T, line 34	-711,879.		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	14,282,898.	18,591,242.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,078,042.	14,761,430.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	718,044.	597,752.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,078,984.	33,950,424.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,934,157.	20,824,018.
	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)	2,163,123.	2,272,927.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 810,648.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,541,678.	3,716,347.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,638,958.	26,813,292.	
19	Revenue less expenses. Subtract line 18 from line 12	13,440,026.	7,137,132.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	396,310,177.	388,336,104.
	21	Total liabilities (Part X, line 26)	14,580,647.	13,610,059.
22	Net assets or fund balances. Subtract line 21 from line 20	381,729,530.	374,726,045.	

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 JENNIFER K. BARTENBACH CFO		Date 11/15/2016	
	Print/Type preparer's name NICOLE B FISHBACK		Preparer's signature Date 11/15/2016	
Paid Preparer Use Only	Firm's name ▶ BKD, LLP		Check <input type="checkbox"/> if self-employed PTIN P01279475	
	Firm's address ▶ 201 N. ILLINOIS STREET INDIANAPOLIS, IN 46204		Firm's EIN ▶ 44-0160260 Phone no. 317.383.4000	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.
Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

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

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

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

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

Enter filer's identifying number, see instructions

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of JENNIFER K. BARTENBACH, 615 N. ALABAMA ST., SUITE 119 INDIANAPOLIS, IN

Telephone No. 317 634-2423 FAX No. _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 2015 or

tax year beginning _____, 20____, and ending _____, 20____.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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▶ calendar year 2015 or

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3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

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Part III Statement of Program Service Accomplishments

Check 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

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

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 \$ 7,458,802. including grants of \$ 6,455,445.) (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 \$ 10,105,476. including grants of \$ 8,746,087.) (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 \$ 6,496,378. including grants of \$ 5,622,486.) (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 ▶ 24,060,656.

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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		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? <i>If "Yes," complete Schedule C, Part II.</i>	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? <i>If "Yes," complete Schedule C, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part I.</i>	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? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	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? <i>If "Yes," complete Schedule D, Part VI.</i>	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? <i>If "Yes," complete Schedule D, Part VII.</i>	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? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	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)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		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? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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>		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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (20), 1b (20), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed INDIANA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

JENNIFER K. BARTENBACH 615 N. ALABAMA ST, STE 119 INDIANAPOLIS, IN 46204 317-634-2423

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

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

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) AASIF BADE DIRECTOR	1.00 0.	X						0.	0.	0.
(6) ELAINE BEDEL DIRECTOR	1.00 0.	X						0.	0.	0.
(7) JEAN BLACKWELL DIRECTOR	1.00 0.	X						0.	0.	0.
(8) MICHAEL DAUGHERTY DIRECTOR	1.00 1.00	X						0.	0.	0.
(9) KATHERINE L. DAVIS DIRECTOR	1.00 2.00	X						0.	0.	0.
(10) TRACI DOLAN DIRECTOR	1.00 0.	X						0.	0.	0.
(11) MARIANNE GLICK DIRECTOR	1.00 0.	X						0.	0.	0.
(12) J. A. LACY DIRECTOR	1.00 0.	X						0.	0.	0.
(13) MYRTA J. PULLIAM DIRECTOR	1.00 0.	X						0.	0.	0.
(14) MARISOL SANCHEZ DIRECTOR	1.00 0.	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) JERRY D. SEMLER ----- DIRECTOR	1.00 ----- 2.00	X						0.	0.	0.
(16) MICHAEL J. SIMMONS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(17) JOSEPH L. SMITH JR. ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(18) CORBY D. THOMPSON ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
(19) MILTON O. THOMPSON ----- DIRECTOR	1.00 ----- 2.00	X						0.	0.	0.
(20) LEE WHITE ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(21) BRIAN E. PAYNE ----- PRESIDENT & CEO	23.00 ----- 17.00			X				222,420.	136,322.	50,591.
(22) JENNIFER K. BARTENBACH ----- CHIEF FINANCIAL OFFICER	22.00 ----- 18.00			X				108,458.	75,369.	15,247.
(23) ROBERT A. MACPHERSON ----- VP DEVELOPMENT	20.00 ----- 20.00			X				72,050.	69,224.	41,007.
(24) ELIZABETH TATE ----- VP COMMUNITY INVESTMENT	8.00 ----- 32.00			X				27,599.	110,395.	35,649.
(25) THOMAS GLASSLEY ----- DIRECTOR OF INFORMATION TECHNO	20.00 ----- 20.00					X		52,378.	52,378.	18,024.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								482,905.	443,688.	160,518.
d Total (add lines 1b and 1c)								482,905.	443,688.	160,518.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <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
BKD, LLP 201 N. ILLINOIS ST. INDIANAPOLIS, IN 46204	ACCOUNTING SERVICES	128,300.
JOANNA NIXON 927 FAYETTE ST. INDIANAPOLIS, IN 46202	CONSULTING SERVICES	120,895.

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	603,655.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	17,987,587.					
	g Noncash contributions included in lines 1a-1f: \$		840,819.					
	h Total. Add lines 1a-1f ▶			18,591,242.				
Program Service Revenue	2a _____	Business Code						
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f ▶			0.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			3,566,183.		75,335.	3,490,848.	
	4 Income from investment of tax-exempt bond proceeds . ▶			0.				
	5 Royalties ▶			0.				
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss) ▶			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		55,217,684.						
		b Less: cost or other basis and sales expenses			44,022,437.			
		c Gain or (loss)			11,195,247.			
	d Net gain or (loss) ▶			11,195,247.			11,195,247.	
	8a Gross income from fundraising events (not including \$ 603,655. of contributions reported on line 1c). See Part IV, line 18	a	ATCH 2					
		b Less: direct expenses	b	36,650.				
		c Net income or (loss) from fundraising events. ATCH 3 ▶		76,184.				
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	637,286.	637,286.				
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d ▶			637,286.					
12 Total revenue. See instructions. ▶			33,950,424.	637,286.	75,335.	14,646,561.		

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	19,776,708.	19,776,708.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,047,310.	1,047,310.		
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	430,527.	215,264.	129,158.	86,105.
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	1,318,545.	659,272.	395,564.	263,709.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	200,104.	100,052.	60,031.	40,021.
9 Other employee benefits	198,398.	99,199.	59,519.	39,680.
10 Payroll taxes	125,353.	62,676.	37,606.	25,071.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	38,548.	19,274.	11,564.	7,710.
c Accounting	55,116.	27,558.	16,535.	11,023.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	1,936,038.	1,210,024.	726,014.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	50,126.	25,063.	15,038.	10,025.
12 Advertising and promotion	60,403.	30,201.	18,121.	12,081.
13 Office expenses	96,974.	48,487.	29,092.	19,395.
14 Information technology	138,151.	69,075.	41,446.	27,630.
15 Royalties	0.			
16 Occupancy	368,539.	184,269.	110,562.	73,708.
17 Travel	20,371.	10,185.	6,112.	4,074.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	29,570.	14,785.	8,871.	5,914.
20 Interest	20,000.	10,000.	6,000.	4,000.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	462,660.	231,330.	138,798.	92,532.
23 Insurance	36,111.	18,056.	10,833.	7,222.
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 -----	335,060.	167,530.	100,518.	67,012.
b DUES & MEMBERSHIPS -----	28,910.	14,455.	8,673.	5,782.
c EMPLOYEE RELATIONS -----	34,354.	17,177.	10,306.	6,871.
d RECOGNITION -----	678.	339.	203.	136.
e All other expenses -----	4,738.	2,367.	1,424.	947.
25 Total functional expenses. Add lines 1 through 24e	26,813,292.	24,060,656.	1,941,988.	810,648.
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	26,425,219.	2	27,435,261.
	3 Pledges and grants receivable, net	3,431,972.	3	5,975,594.
	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 8,131,608.		
	b Less: accumulated depreciation	10b 3,368,356.	4,987,936.	10c 4,763,252.
	11 Investments - publicly traded securities	210,997,014.	11	200,371,428.
	12 Investments - other securities. See Part IV, line 11	144,935,871.	12	144,561,310.
	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	5,532,165.	15	5,229,259.
16 Total assets. Add lines 1 through 15 (must equal line 34)	396,310,177.	16	388,336,104.	
Liabilities	17 Accounts payable and accrued expenses	1,931,497.	17	1,828,511.
	18 Grants payable	9,202,581.	18	9,207,645.
	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	3,446,569.	25	2,573,903.
	26 Total liabilities. Add lines 17 through 25	14,580,647.	26	13,610,059.
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	365,640,678.	27	357,041,029.
	28 Temporarily restricted net assets	10,903,563.	28	12,837,871.
	29 Permanently restricted net assets	5,185,289.	29	4,847,145.
	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	381,729,530.	33	374,726,045.	
34 Total liabilities and net assets/fund balances	396,310,177.	34	388,336,104.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,950,424.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,813,292.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,137,132.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	381,729,530.
5	Net unrealized gains (losses) on investments	5	-16,818,377.
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	2,677,760.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	374,726,045.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

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

2015

Open to Public Inspection

Name of the organization CENTRAL INDIANA COMMUNITY FOUNDATION INC	Employer identification number 35-1793680
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (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 (Form 990 or 990-EZ).)
- 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 (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) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,655,876.	31,014,303.	49,622,779.	14,282,898.	18,591,242.	135,167,098.
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.	21,655,876.	31,014,303.	49,622,779.	14,282,898.	18,591,242.	135,167,098.
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).						28,775,765.
6 Public support. Subtract line 5 from line 4.						106,391,333.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	21,655,876.	31,014,303.	49,622,779.	14,282,898.	18,591,242.	135,167,098.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,539,307.	4,804,564.	5,652,129.	5,193,179.	3,566,183.	23,755,362.
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.)	110,597.	941,923.	339,787.	718,044.	597,752.	2,708,103.
11 Total support. Add lines 7 through 10						161,630,563.
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 2015 (line 6, column (f) divided by line 11, column (f))	14	65.82%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	63.21%
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 - 2014. 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 in 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b 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?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

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? <i>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.</i>	1	
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? <i>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.</i>	2	

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)? <i>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).</i>	1	

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

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.		Yes	No
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? <i>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.</i>	2a		
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? <i>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.</i>	2b		
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? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

- 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		
<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).			

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule of Contributors

2015

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

Name of the organization CENTRAL INDIANA COMMUNITY FOUNDATION INC	Employer identification number 35-1793680
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Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 for 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
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 4,678,483.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 940,363.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 516,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 391,865.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 456,323.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 635,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 1,325,327.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____	\$ 475,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____	\$ 375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____	\$ 1,439,542.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____	\$ 655,232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number

35-1793680

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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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," on 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," on 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," on 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 CENTRAL INDIANA COMMUNITY FOUNDATION INC	Employer identification number 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) 2015

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.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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) 2012	(b) 2013	(c) 2014	(d) 2015	(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					

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)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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		12,000.
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			12,000.
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.

SCHEDULE C, PART II-B, LINE 1F

GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES:

LOBBYING EXPENSES ARE PAID TO OUTSIDE ORGANIZATIONS THAT LOBBY ON BEHALF

OF COMMUNITY FOUNDATIONS AND RELATED ISSUES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

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

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

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

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and various monitoring and reporting questions.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting on collections of art, historical treasures, or other similar assets.

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

Schedule D (Form 990) 2015

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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 on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	233,396,992.	234,580,410.	337,731,946.	318,414,275.	336,831,278.
b Contributions	7,213,751.	5,677,271.	16,410,572.	3,589,922.	6,489,257.
c Net investment earnings, gains, and losses	-1,527,215.	7,679,493.	51,753,816.	34,528,374.	-2,120,629.
d Grants or scholarships	12,404,024.	13,303,504.	168,745,884.	16,315,490.	20,204,139.
e Other expenditures for facilities and programs					
f Administrative expenses	1,278,032.	1,236,678.	2,570,040.	2,485,135.	2,581,492.
g End of year balance	225,401,472.	233,396,992.	234,580,410.	337,731,946.	318,414,275.

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 on 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:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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" on 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		5,649,133.	2,340,040.	3,309,093.
d Equipment		1,896,671.	785,658.	1,111,013.
e Other		585,804.	242,658.	343,146.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,763,252.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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	144,561,310.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	144,561,310.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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" on 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" on 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	2,296,381.	
(3) DUE TO OTHER FUNDS	277,522.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,573,903.	

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 XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS:

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

SCHEDULE D, PART X, LINE 2

FIN 48 DISCLOSURE:

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.

SCHEDULE D, PART XI, LINE 2D

OTHER RECONCILING ITEMS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	\$ 82,325
CHANGE IN DEFINED BENEFIT PENSION PLAN	63,194

TOTAL	\$145,519

SCHEDULE D, PART XII, LINE 4B

OTHER RECONCILING ITEMS:

TRANSFERS AND OTHER EXCHANGES	\$2,532,241
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**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

Part I

Fundraising Activities. Complete if the organization answered "Yes" on 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** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SCHLRSH DINNER (event type)	PHILNTH DINNER (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	361,900.	278,405.		640,305.
	2 Less: Contributions	352,850.	250,805.		603,655.
	3 Gross income (line 1 minus line 2)	9,050.	27,600.		36,650.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		1,349.		1,349.
	7 Food and beverages		39,058.		39,058.
	8 Entertainment				
	9 Other direct expenses		35,777.		35,777.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				76,184.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-39,534.

Part III Gaming. Complete if the organization answered "Yes" on 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: _____

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) A. PHILIP RANDOLPH PULLMAN PORTER MUSEUM P.O. BOX 6276 CHICAGO, IL 60680-6276	364205581	501(C)(3) PUBLI	9,000.				TO INSTALL A LARGE O
(2) ALTERNATIVES INCORPORATED OF MADISON CO. P.O. BOX 1302 ANDERSON, IN 46015-1302	310986769	501(C)(3) PUBLI	10,000.				NO MORE DOMESTIC VIO
(3) AMERICAN CIVIL LIBERTIES UNION OF IN FDN 1031 E. WASHINGTON ST.	237398358	501(C)(3) PUBLI	10,000.				EDUCATIONAL OUTREACH
(4) ARTISTS FOR PEACE AND JUSTICE 87 WALKER ST 6B NEW YORK, NY 10013	263873642	501(C)(3) PUBLI	10,000.				SPONSORSHIP FOR HAIT
(5) ARTS COUNCIL OF INDIANAPOLIS 924 N. PENNSYLVANIA ST.	311225893	501(C)(3) PUBLI	5,500.				ARTS COUNCIL OPERATI
(6) BARNABAS FUND FOR GRANT-MAKING PURPOSES ONLY 615 N. ALABA	351793680	501(C)(3) PUBLI	8,000.				ANNUAL CONTRIBUTION
(7) BEN DAVIS CHRISTIAN CHURCH 701 S. HIGH SCHOOL RD.	351012481	501(C)(3) PUBLI	10,000.				CHARITABLE CONTRIBUT
(8) BISHOP CHATARD HIGH SCHOOL 5885 N. CRITTENDEN AVE.	351063332	EDUCATIONAL ORG	10,000.				GENERAL OPERATING SU
(9) CENTER FOR VICTIM & HUMAN RIGHTS 201 N. ILLINOIS ST. 16TH FLOOR - SOUTH TOWE	262747213	501(C)(3) PUBLI	10,000.				EXPANDED CRIME VICTI
(10) CHILDREN IN THE SON P.O. BOX 99063 RALEIGH, NC 27624	571103876	501(C)(3) PUBLI	6,200.				GENERAL OPERATING SU
(11) CHRIST PRESBYTERIAN CHURCH 925 N. SARIVAL AVE. GOODYEAR, AZ 85338	866006452	RELIGIOUS ORGAN	6,000.				CHRISTIAN EDUCATION
(12) COBURN PLACE SAFE HAVEN 604 E. 38TH ST. INDIANAPOLIS, IN 46205	371421922	501(C)(3) PUBLI	9,600.				CHARITABLE CONTRIBUT

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

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

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

- 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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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) CROWN HILL HERITAGE FOUNDATION, INC. 700 W. 38TH ST. P.O. BOX 88349	311104060	501(C)(3) PUBLI	9,010.				2015 DISTRIBUTION
(2) DAYSRING CENTER, INC. 1537 N. CENTRAL AVE. P.O. BOX 44105	351618998	501(C)(3) PUBLI	5,638.				CHARITABLE CONTRIBUT
(3) DENTAL LIFELINE NETWORK INDIANA 6110 TECHNOLOGY CENTER DR. SUITE 100	846129064	501(C)(3) PUBLI	6,000.				INDIANA DONATED DENT
(4) DYSLEXIA INSTITUTE OF INDIANA, INC. 8395 KEYSTONE CROSSING STE 102	351780312	501(C)(3) PUBLI	6,000.				ORTON-GILLINGHAM TRA
(5) ENCOMPASS WORLD PARTNERS P.O. BOX 588 WINONA LAKE, IN 46590	350992713	501(C)(3) PUBLI	6,200.				PROJECT #8
(6) EVANSVILLE MUSEUM-ARTS HISTORY & SCIENCE 411 E. RIVERSIDE DR. P.O. BOX 3435	350874517	501(C)(3) PUBLI	8,000.				2016 MID-STATES CRAF
(7) EYE ON INDIA 6642 MANOR DR. BURR RIDGE, IL 60527	454906347	501(C)(3) PUBLI	10,000.				2015 EYE ON INDIA FE
(8) FOUNTAINS OF HOPE INTERNATIONAL 10409 HOLADAY DR CARMEL, IN 46032	270503531	501(C)(3) PUBLI	6,750.				CHARITABLE CONTRIBUT
(9) FRANCIS W. PARKER SCHOOL 330 W. WEBSTER AVE. CHICAGO, IL 60614	362171732	501(C)(3) PUBLI	10,000.				COOKE & THE COLONEL
(10) GENNESARET FREE CLINIC 615 N. ALABAMA ST. GROUND FLOOR, STE. B	351776518	501(C)(3) PUBLI	8,000.				EXPANDING ACCESS TO
(11) GIRL SCOUTS OF CENTRAL INDIANA, INC. 2611 WATERFRONT PARKWAY E. DR. STE. 100	350876381	501(C)(3) PUBLI	9,431.				2015 DISTRIBUTION
(12) HARVEST MISSIONARY BAPTIST CHURCH 1914 S. STATE RD. 267 AVON, IN 46123	351984626	RELIGIOUS ORGAN	6,339.				CHARITABLE CONTRIBUT

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(1) HOBART FIRST UNITED METHODIST CHURCH 654 E 4TH ST. HOBART, IN 46342	351085940	RELIGIOUS ORGAN	7,000.				CHURCH'S STAINED GLA
(2) INDIANA COMMUNITY ACTION ASSOCIATION 1845 W. 18TH ST. INDIANAPOLIS, IN 46202	351267319	501(C)(3) PUBLI	5,200.				CHAMPION FOR HOOSIER
(3) INDY JUNIOR TENNIS DEVELOPMENT FUND 8391 N. ILLINOIS ST.	237361641	501(C)(3) PUBLI	5,346.				DOTTIE MEYER JUNIOR
(4) INDIANAPOLIS SCHOOL OF BALLET 502 N. CAPITOL AVE. SUITE B	342066059	501(C)(3) PUBLI	9,750.				OUTREACH AND EDUCATI
(5) INDY BAROQUE INC. 401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	352107488	501(C)(3) PUBLI	5,500.				2015 DISTRIBUTION
(6) IU DELTA CHI CHARITIES 1400 N. JORDAN BLOOMINGTON, IN 47406	271184426	501(C)(3) PUBLI	6,000.				JIMMY V FOUNDATION
(7) JOE'S KIDS 3540 COMMERCE DR. WARSAW, IN 46580	464095781	501(C)(3) PUBLI	9,300.				GENERAL OPERATING SU
(8) JUVENILE DIABETES RESEARCH FDN-IN CHAP. 10401 N. MERIDIAN ST. SUITE 150	231907729	501(C)(3) PUBLI	5,100.				2015 FUND A CURE
(9) LIGHTHOUSE FOR LIFE P.O. BOX 290897 COLUMBIA, SC 29229	470969132	501(C)(3) PUBLI	6,000.				CHARITABLE CONTRIBUT
(10) MAX MCGRAW WILDLIFE FOUNDATION 14N322 ROUTE 25 DUNDEE, IL 60118	362519612	501(C)(3) PUBLI	6,000.				EDUCATION PROGRAMS
(11) NO ANIMAL LEFT BEHIND NFP 2339 N. 2879TH RD. MARSEILLES, IL 61341	270177451	501(C)(3) PUBLI	6,000.				SPAY AND NEUTER OF A
(12) PEOPLE FOR URBAN PROGRESS 1043 VIRGINIA AVE. SUITE 213	263733786	501(C)(3) PUBLI	8,500.				5 BUS STOPS

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(1) PHILMONT STAFF ASSOCIATION PHILMONT SCOUT RANCH 17 DEER RUN RD.	237360180	501(C)(3) PUBLI	5,323.				CAPITAL CAMPAIGN
(2) RILEY CHILDREN'S FOUNDATION 30 S. MERIDIAN ST. SUITE 200	350868147	501(C)(3) PUBLI	5,505.				CAMP RILEY
(3) SOCIAL HEALTH ASSOCIATION OF INDIANA, INC. 615 N. ALABAMA ST. SUITE 228	350869056	501(C)(3) PUBLI	7,500.				HAMILTON COUNTY EMPO
(4) SPANISH WORLD MINISTRIES P.O. BOX 542 WINONA LAKE, IN 46590	351057536	501(C)(3) PUBLI	6,500.				GENERAL OPERATING SU
(5) ST. VINCENT FOUNDATION 8402 HARCOURT RD. #210	356088862	501(C)(3) PUBLI	9,000.				CHILD SEXUAL ABUSE P
(6) SUMMER ADVANTAGE USA 1630 N MERIDIAN ST. SUITE 330	263185485	501(C)(3) PUBLI	6,350.				INSPIRING SCHOLARS P
(7) THE ARIZONA FIVE ARTS CIRCLE 15849 N. 71ST. ST. SUITE 132	861037482	501(C)(3) PUBLI	6,000.				CHARITABLE CONTRIBUT
(8) THE CARTER CENTER ONE COPENHILL 453 FREEDOM PKWY.	581454716	501(C)(3) PUBLI	7,500.				CHARITABLE CONTRIBUT
(9) THE INDIANAPOLIS PUBLIC LIBRARY FDN INC P.O. BOX 6134 INDIANAPOLIS, IN 46206-6134	237016089	501(C)(3) PUBLI	8,500.				TEENS READ WEEK
(10) THE NAVIGATORS P.O. BOX 6000 COLORADO SPRINGS, CO 80934	846007896	501(C)(3) PUBLI	8,600.				CHARITABLE CONTRIBUT
(11) THE SMILE TRAIN 41 MADISON AVE. 28TH FLOOR	133661416	501(C)(3) PUBLI	6,000.				GENERAL OPERATING SU
(12) THEATRE ON THE SQUARE 627 MASSACHUSETTS AVE.	351747371	501(C)(3) PUBLI	6,000.				STRUCTURAL IMPROVEME

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(1) TIDES FOUNDATION P.O. BOX 29903 SAN FRANCISCO, CA 94129-0903	510198509	501(C)(3) PUBLI	6,000.				RENASCENT FOUNDATION
(2) TRUTH AT WORK 9953 CROSSPOINT BLVD. SUITE 100	351959473	501(C)(3) PUBLI	5,250.				AMERICA'S BEST HOPE
(3) UNLIMITED POTENTIAL INC. P.O. BOX 1355 WARSAW, IN 46581-1355	311014369	501(C)(3) PUBLI	7,000.				GENERAL OPERATING SU
(4) WARSAW COMMUNITY CHURCH 103 ENTERPRISE DR. WARSAW, IN 46580	351909524	501(C)(3) PUBLI	7,000.				GENERAL OPERATING SU
(5) YOUNG LIFE WASHINGTON TOWNSHIP 4631 LISBORN DR. CARMEL, IN 46033-2200	840385934	501(C)(3) PUBLI	7,000.				SUPPORT FOR BREBEUF
(6) FRIENDS OF CAMP CHESTERFIELD FOUNDATION 50 LINCOLN DR. CHESTERFIELD, IN 46017	464048708	501(C)(3) PUBLI	10,000.				NEW ROOF FOR THE KE
(7) GIRLS INC OF SHELBYVILLE/SHELBY COUNTY 904 S. MILLER ST. SHELBYVILLE, IN 46176	351277849	501(C)(3) PUBLI	10,000.				LITERACY PROGRAM
(8) HAND IN HAND USA 710 ST. JOSEPH S. DR. OAK BROOK, IL 60523	371420403	501(C)(3) PUBLI	10,000.				GENERAL OPERATING SU
(9) HISTORIC ELEUTHERIAN COLLEGE, INC. 7714 W. TREE FARM LN. P.O. BOX 705	351930565	501(C)(3) PUBLI	10,000.				GREEK REVIVAL-STYLE
(10) HISTORICAL CONSTRUCTION EQUIPMENT ASSOCIATI 16623 LIBERTY HI RD.	341577483	501(C)(3) PUBLI	10,000.				LAND PURCHASE
(11) HUMANITY AND HOPE UNITED FOUNDATION P.O. BOX 1594 WARSAW, IN 46581-1594	274084348	501(C)(3) PUBLI	10,000.				GENERAL OPERATING SU
(12) INDIANA GOLF FOUNDATION P.O. BOX 516 FRANKLIN, IN 46131	352145820	501(C)(3) PUBLI	10,000.				FIRST TEE MICHIANA E

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(1) INDIANAPOLIS PUBLIC SAFETY FOUNDATION DEPARTMENT OF PUBLIC SAFETY 200 E WASHINGTON	462975046	501(C)(3) PUBLIC	10,000.				SUMMER JOBS FOR YOUT
(2) INSTITUTE FOR AFFORDABLE TRANSPORTATION 5868 E. 71ST. ST. SUITE E-199	352133517	501(C)(3) PUBLIC	10,000.				OPERATING SUPPORT
(3) KARTEMQUIN FILMS 1901 W. WELLINGTON CHICAGO, IL 60657	237430402	501(C)(3) PUBLIC	10,000.				KARTEMQUIN'S EDUCATI
(4) LOST CREEK GROVE FOUNDATION P.O. BOX 3507 TERRE HAUTE, IN 47803	320130405	501(C)(3) PUBLIC	10,000.				LOST CREEK GROVE LAW
(5) MANCHESTER COLLEGE FINANCIAL AID OFFICE P.O. BOX 365	350868127	501(C)(3) PUBLIC	10,000.				MY CITY, MY WORLD PR
(6) MAYO CLINIC SIEBENS 9 200 FIRST ST. SW	416011702	501(C)(3) PUBLIC	10,000.				CHARITABLE CONTRIBUT
(7) PINE RIDGE BIBLE CHURCH 280 S. RAY QUINCY RD. QUINCY, MI 49082	382515062	RELIGIOUS ORGAN	10,000.				CHARITABLE CONTRIBUT
(8) PRAIRIE PRESERVATION GUILD, INC. P.O. 125 FOWLER, IN 47944	352150761	501(C)(3) PUBLIC	10,000.				1940 FOWLER THEATRE
(9) PREVAIL, INC. 1100 S. 9TH ST. SUITE 100	351681864	501(C)(3) PUBLIC	10,000.				VICTIM SERVICES
(10) PRO COMMUNITY PARTNERSHIP INC. 5334 FALLWOOD DR. APT. 101	273951990	501(C)(3) PUBLIC	10,000.				PROJECT GREATER THAN
(11) PROJECT ROW HOUSES P.O. BOX 1011 HOUSTON, TX 77254-1011	760411778	501(C)(3) PUBLIC	10,000.				THIRD WARD COLLEGE B
(12) RENAISSANCE SOCIETY 5811 S. ELLIS AVE. COBB HALL, 4TH FLOOR	366109822	501(C)(3) PUBLIC	10,000.				RENAISSANCE SOCIETY

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(1) SAGAMORE INSTITUTE THE LEVEY MANSION 2902 N. MERIDIAN ST.	201161578	501(C)(3) PUBLI	10,000.				LIBERIA INITIATIVE
(2) STARFISH INITIATIVE 814 N. DELAWARE ST. INDIANAPOLIS, IN 46204	562442758	501(C)(3) PUBLI	10,000.				CHARITABLE CONTRIBUT
(3) TURNING POINT/COLUMBUS REGIONAL SHELTER P.O. BOX 103 COLUMBUS, IN 47202-0103	310993447	501(C)(3) PUBLI	10,000.				EMERGENCY SHELTER AN
(4) VINCENNES-KNOX PRESERVATION FOUNDATION P.O. BOX 173 VINCENNES, IN 47591	351838602	501(C)(3) PUBLI	10,000.				1840 HILT HOUSE
(5) YMCA OF SNOHOMISH COUNTY 2720 ROCKEFELLER AVE. EVERETTQ, WA 98201	910565561	501(C)(3) PUBLI	10,000.				STANWOOD-CAMANO CAPI
(6) UNIVERSITY OF SOUTHERN INDIANA FDN 8600 UNIVERSITY BLVD. EVANSVILLE, IN 47712	237042320	501(C)(3) PUBLI	10,126.				EFROYMSON BRIDGE YEA
(7) INDIANAPOLIS SYMPHONIC CHOIR 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	356035494	501(C)(3) PUBLI	10,750.				GALA SUPPORT
(8) THE ORCHARD SCHOOL 615 W. 64TH ST. INDIANAPOLIS, IN 46260-4798	350909975	EDUCATIONAL ORG	11,000.				TO CREATE TWO MOSAIC
(9) SOUTHEAST COMMUNITY SERVICES, INC. 901 S. SHELBY ST. INDIANAPOLIS, IN 46203	351318068	501(C)(3) PUBLI	11,500.				CENTER FOR WORKING F
(10) 2ND MILE ADVENTURES INC. 2562 WALTON BLVD. #317 WARSAW, IN 46582	260293304	501(C)(3) PUBLI	12,000.				VEHICLE EXPENSES
(11) ORCHARD PARK PRESBYTERIAN CHURCH 1605 E. 106TH ST. INDIANAPOLIS, IN 46280	236393377	RELIGIOUS ORGAN	12,000.				CHARITABLE CONTRIBUT
(12) THE ATHENAEUM FOUNDATION, INC. 401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	351834667	501(C)(3) PUBLI	13,000.				PURCHASE NEW SOUND E

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(1) THE LINTNER FOUNDATION INC. 9501 E. 300 S. ZIONSVILLE, IN 46077	462871322	501(C)(3) PUBLI	13,050.				CHARITABLE CONTRIBUT
(2) PHOENIX THEATRE, INC. 749 N. PARK AVE. INDIANAPOLIS, IN 46202	311069575	501(C)(3) PUBLI	13,542.				2015 DISTRIBUTION
(3) LOCKPORT MENNONITE CHURCH 9269 COUNTY RD. 21 N. STRYKER, OH 43557	341096720	RELIGIOUS ORGAN	14,000.				CHARITABLE CONTRIBUT
(4) COMMUNITY HOME HEALTH SERVICES 9894 E. 121ST ST. FISHERS, IN 46037	350953467	501(C)(3) PUBLI	14,417.				GENERAL OPERATING SU
(5) TRINITY FREE CLINIC 1045 W. 146TH ST. CARMEL, IN 46032	352120420	501(C)(3) PUBLI	14,800.				TRINITY FREE CLINIC
(6) ASANTE CHILDREN'S THEATER P.O. BOX 22344 INDIANAPOLIS, IN 46222	352203194	501(C)(3) PUBLI	15,000.				PREP4LIFE PROGRAM
(7) AUDITORIUM THEATRE OF ROOSEVELT UNIV INC 50 E. CONGRESS PKWY. CHICAGO, IL 60605	363145476	501(C)(3) PUBLI	15,000.				2015 HANDS TOGETHER,
(8) CONCORD NEIGHBORHOOD CENTER 1310 S. MERIDIAN ST. INDIANAPOLIS, IN 46225	350817149	501(C)(3) PUBLI	15,000.				LETS GET GRITTY YOUT
(9) FOREST MANOR MULTI-SERVICE CENTER 5603 E. 38TH ST. INDIANAPOLIS, IN 46218	351420208	501(C)(3) PUBLI	15,000.				FMMSO SUMMER CAMP
(10) HEARTLAND ACTOR'S REPERTORY THEATRE C/O BUTLER UNIVERSITY DEPT OF THEATRE 4600	562609331	501(C)(3) PUBLI	15,000.				2016 SHAKESPEARE PRO
(11) INDIANA HUMANITIES COUNCIL 1500 N. DELAWARE ST.	351344382	501(C)(3) PUBLI	15,000.				NOVEL CONVERSATIONS
(12) INDIANAPOLIS PARKS FOUNDATION 615 N. ALABAMA ST. SUITE 119	351860468	501(C)(3) PUBLI	15,000.				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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1) LITTLE SISTERS OF THE POOR OF INDY INC ST. AUGUSTINE HOME 2345 W. 86TH ST.	351007734	RELIGIOUS ORGAN	15,000.				FROM MARK AND KAREN
(2) LOOKINGGLASS THEATRE COMPANY JOHN HANCOCK CENTER 875 N. MICHIGAN AVE., S	363653114	501(C)(3) PUBLI	15,000.				SCHOLARSHIPS TO LOW-
(3) NEPAL RELIEF FUND C/O LEEUW OBERLIES & CAMPBELL, P.C. 320 N.	351793680	CICF FUND	15,000.				CHARITABLE CONTRIBUT
(4) RICHMOND ART MUSEUM 350 HUB ETCHISON PKWY	356005040	501(C)(3) PUBLI	15,000.				GENERAL OPERATING SU
(5) ROOSEVELT UNIVERSITY 430 S. MICHIGAN AVE. CHICAGO, IL 60605	362167854	501(C)(3) PUBLI	15,000.				BLACK MALE LEADERSHI
(6) SEEDS OF HOPE, INC. 1425 S. MICKLEY AVE.	352086855	501(C)(3) PUBLI	15,000.				2015 OPERATING SUPPO
(7) UNIVERSITY HIGH SCHOOL OF INDIANA 2825 W. 116TH ST. CARMEL, IN 46032	352034546	501(C)(3) PUBLI	15,000.				ANNUAL FUND
(8) UPPER WHITE RIVER WATERSHED ALLIANCE 1052 WOODLAWN AVE. INDIANAPOLIS, IN 46203	352076148	501(C)(3) PUBLI	15,000.				CLEAR CHOICES CLEAN
(9) WISH FOR OUR HEROES 125 BUFFALO DR. INDIANAPOLIS, IN 46217	270483869	501(C)(3) PUBLI	15,000.				RIDE INDIANA 2015
(10) UNIVERSITY OF EVANSVILLE 1800 LINCOLN AVE. EVANSVILLE, IN 47722	350868074	501(C)(3) PUBLI	15,500.				PROGRAMMING
(11) ARTHRITIS FOUNDATION 615 N. ALABAMA ST. SUITE 430	264639290	501(C)(3) PUBLI	15,614.				ARTHRITIS CARE AND R
(12) INDIANA FOREST ALLIANCE P.O. BOX 1074 BLOOMINGTON, IN 47402	352059195	501(C)(3) PUBLI	16,000.				CONDUCTING A COST/BE

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(1) BACK ON MY FEET INDIANAPOLIS 964 N. PENNSYLVANIA ST.	262109809	501(C)(3) PUBLI	16,387.				VETERAN TEAM SUPPORT
(2) MEALS ON WHEELS OF HANCOCK COUNTY 1133 W. MAIN ST. SUITE C	352117913	501(C)(3) PUBLI	17,250.				CLOSING THE HUNGER G
(3) FREE METHODIST WORLD MISSIONS 770 N. HIGH SCHOOL RD.	350877568	501(C)(3) PUBLI	17,300.				CSAGREECE/WCS403
(4) MEALS ON WHEELS OF CENTRAL INDIANA P.O. BOX 40969 INDIANAPOLIS, IN 46240-0969	351182075	501(C)(3) PUBLI	17,500.				STEP UP FROZEN FOOD
(5) FIRST PRESBYTERIAN CHURCH P.O. BOX 2168 BONITA SPRINGS, FL 34133	591622501	RELIGIOUS ORGAN	18,000.				GENERAL FUND
(6) OPEN STUDIO PROJECT 903 SHERMAN AVE. EVANSTON, IL 60202	363894275	501(C)(3) PUBLI	18,000.				GENERAL OPERATING SU
(7) INDIANAPOLIS COLTS FOUNDATION IU SCHOOL OF MEDICINE OFFICE OF GIFT DEV 11	371451195	501(C)(3) PUBLI	18,300.				2015 CHUCKSTRONG TOU
(8) MANNERS OF THE HEART 763 N. BOULEVARD BATON ROUGE, LA 70802	680531760	501(C)(3) PUBLI	18,500.				GENERAL OPERATING
(9) MORNING DOVE THERAPEUTIC RIDING, INC. P.O. BOX 721 ZIONSVILLE, IN 46077	352056736	501(C)(3) PUBLI	18,500.				CHARITABLE CONTRIBUT
(10) INDIANAPOLIS MUSEUM OF ART 4000 N. MICHIGAN RD.	350867955	501(C)(3) PUBLI	19,167.				IMA TEEN ARTS COUNCI
(11) BOOTH TARKINGTON CIVIC THEATRE 3 CENTER GREEN SUITE 200 CARMEL, IN 46032	350230360	501(C)(3) PUBLI	20,000.				STORYTIME WITH CIVIC
(12) CHICAGO PUBLIC ART GROUP 600 W. CERMAK RD. SUITE 3B	237302449	501(C)(3) PUBLI	20,000.				EXECUTIVE DIRECTOR T

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(1) HENDRICKS COUNTY SENIOR SERVICES, INC. P.O. BOX 448 DANVILLE, IN 46122	351445497	501(C)(3) PUBLI	20,000.				EXPANDING IN-HOME CA
(2) HERITAGE PLACE OF INDIANAPOLIS, INC. 4550 N. ILLINOIS ST. INDIANAPOLIS, IN 46208	351436580	501(C)(3) PUBLI	20,000.				ADDRESSING OLDER ADU
(3) KIDS DANCE OUTREACH, INC. 456 N. MERIDIAN ST. #44801	364742032	501(C)(3) PUBLI	20,000.				KIDS DANCE OUTREACH
(4) NEIGHBORLINK INDIANAPOLIS FOUNDATION 5500 N MERIDIAN ST. INDIANAPOLIS, IN 46208	463002445	501(C)(3) PUBLI	20,000.				HOME REPAIR AND MODI
(5) NEW HARMONY ARTISTS GUILD P.O. BOX 27 NEW HARMONY, IN 47631	721462737	501(C)(3) PUBLI	20,000.				NEW ARTIST IN RESIDE
(6) PRIMELIFE ENRICHMENT, INC. 1078 THIRD AVE. SW CARMEL, IN 46032	351411017	501(C)(3) PUBLI	20,000.				2015 DISTRIBUTION
(7) THE SHEPHERD'S CENTER OF HAMILTON COUNTY 347 S. 8TH. ST. SUITE B	311131854	501(C)(3) PUBLI	20,000.				JOHNSON LEGACY 2015
(8) THE SOCIAL OF GREENWOOD 550 POLK AVE. GREENWOOD, IN 46143	351476552	501(C)(3) PUBLI	20,000.				ADDRESSING HUNGER IN
(9) WILLARD LIBRARY FOUNDATION, INC. 21 FIRST AVE. EVANSVILLE, IN 47710	351666547	501(C)(3) PUBLI	20,000.				BUILDING EXPANSION P
(10) WILLOW CREEK ASSOCIATION P.O. BOX 3188 BARRINGTON, IL 60011-3188	363799040	501(C)(3) PUBLI	20,000.				GLOBAL LEADERSHIP SU
(11) UNITED NEGRO COLLEGE FUND, INC. 3737 N. MERIDIAN ST. SUITE 502	131624241	501(C)(3) PUBLI	20,025.				PLACE-BASED CORPORAT
(12) PLANNED PARENTHOOD OF IN AND KY 200 S. MERIDIAN ST. STE 400	350874276	501(C)(3) PUBLI	20,250.				CHARITABLE CONTRIBUT

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(1) MEALS ON WHEELS OF HAMILTON COUNTY 395 WESTFIELD RD.	351344488	501(C)(3) PUBLI	21,000.				VOLUNTEER PROGRAM
(2) PARK TUDOR YOUNG LIFE 4631 LISBORN DR. CARMEL, IN 46033	840385934	501(C)(3) PUBLI	21,000.				CHARITABLE CONTRIBUT
(3) UNIV. OF CHICAGO SMART MUSEUM OF ART UNIVERSITY OF CHICAGO 5550 S. GREENWOOD AVE	362177139	501(C)(3) PUBLI	21,000.				CHARITABLE CONTRIBUT
(4) DEPAUW UNIVERSITY 300 E. SEMINARY ST. P.O. BOX 37	350869045	501(C)(3) PUBLI	21,800.				EFROYMSON FIFTH-YEAR
(5) INDIANA CHILDREN'S WISH FUND 8021 KNUE RD. STE. 112	351610742	501(C)(3) PUBLI	22,453.				PULLING FOR WISHES
(6) ALL SOULS UNITARIAN CHURCH 5805 E. 56TH ST.	042103733	RELIGIOUS ORGAN	22,500.				IMAGINE THE POSSIBLE
(7) GUIDANCE LIFE SKILLS AND MENTORING, INC. 111 E. 16TH ST. STE. 106	451072642	501(C)(3) PUBLI	22,500.				PROGRAM OPERATING SU
(8) IN ASSOC. FOR COMMUNITY ECONOMIC DEV. 202 E. MARKET ST. THE PLATFORM	351695379	501(C)(3) PUBLI	22,500.				INDIANA ASSETS & OPP
(9) INDIANA SPORTS CORPORATION 201 S. CAPITOL AVE. SUITE 1200	310975117	501(C)(3) PUBLI	23,224.				2014 DISTRIBUTION
(10) ABOVE & BEYOND CHILDREN'S MUSEUM 902 N. 8TH ST. SHEBOYGAN, WI 53081	391739087	501(C)(3) PUBLI	25,000.				JAY CHRISTOPHER MATC
(11) ALBION COLLEGE OFFICE OF INSTITUTIONAL ADVANCEMENT 611 E.	381359081	501(C)(3) PUBLI	25,000.				ANNUAL FUND
(12) ALZHEIMER'S ASSOCIATION OF GREATER IN 50 E. 91ST. ST. SUITE 100	351747836	501(C)(3) PUBLI	25,000.				GENERAL OPERATING SU

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(1) BOCA HELPING HANDS 1500 NW 1ST CT. BOCA RATON, FL 33432	311713631	501(C)(3) PUBLI	25,000.				HOME HEALTH CARE TRA
(2) BOONE COUNTY SENIOR SERVICES 515 CROWNPOINTE DR. LEBANON, IN 46052-8335	351445498	501(C)(3) PUBLI	25,000.				SUPPORT FOR TRANSPOR
(3) CASTLETON UNITED METHODIST CHURCH 7160 SHADELAND STATION	351149228	501(C)(3) PUBLI	25,000.				SHARE-LT PROGRAM
(4) CHALKBEAT, INC. 1250 BROADWAY 30TH FLOOR NEW YORK, NY 10001	900915846	501(C)(3) PUBLI	25,000.				CHALKBEAT INDIANA
(5) CHICAGO HUMANITIES FESTIVAL 500 N. DEARBORN SUITE 825 CHICAGO, IL 60654	367148236	501(C)(3) PUBLI	25,000.				SPONSORSHIP SUPPORT
(6) CLASSICAL MUSIC INDY 1630 N. MERIDIAN ST. SUITE 240	237002448	501(C)(3) PUBLI	25,000.				SENIOR ENGAGEMENT CO
(7) FAMILIES FIRST INDIANA, INC. 615 N. ALABAMA ST. SUITE 320	350877572	501(C)(3) PUBLI	25,000.				COMMUNITY CRIME PREV
(8) FREE THE CHILDREN 200 W. ADAMS SUITE 2150 CHICAGO, IL 60606	161533544	501(C)(3) PUBLI	25,000.				WE DAY ILLINOIS & CO
(9) FUND FOR HOOSIER EXCELLENCE, INC. P.O. BOX 97 INDIANAPOLIS, IN 46206	351579672	501(C)(3) PUBLI	25,000.				SCHOLARSHIP SUPPORT
(10) GREAT AMERICAN SONGBOOK FOUNDATION 1 CENTER GREEN CARMEL, IN 46032	260620716	501(C)(3) PUBLI	25,000.				2015 SONG BOOK ACADE
(11) INDEPENDENCE ACADEMY OF INDIANA 4701 N. CENTRAL INDIANAPOLIS, IN 46205	261682732	501(C)(3) PUBLI	25,000.				INSPIRING INDEPENDEN
(12) JUNIOR ACHIEVEMENT OF CENTRAL IN, INC. 9449 PRIORITY WAY W DR. STE 100	351003695	501(C)(3) PUBLI	25,000.				CHARITABLE CONTRIBUT

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(1) LITTLE RED DOOR CANCER AGENCY 1801 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	350914096	501(C)(3) PUBLI	25,000.				HURU- WHO ARE YOU?
(2) LUTHERAN CHILD AND FAMILY SERVICES OF INDIA 1525 N. RITTER AVE.	350868123	501(C)(3) PUBLI	25,000.				PROGRAM OPERATING SU
(3) NEW HARMONY PROJECT P.O. BOX 441062 INDIANAPOLIS, IN 46244-1062	351728624	501(C)(3) PUBLI	25,000.				GENERAL OPERATING SU
(4) SHELBY SENIOR SERVICES 1504 S. HARRISON ST. SHELBYVILLE, IN 46176	351447684	501(C)(3) PUBLI	25,000.				ENGAGING BOOMERS IN
(5) VSA INDIANA, INC. 1505 N. DELAWARE ST. SUITE 100	351529183	501(C)(3) PUBLI	25,000.				URBAN ARTISANS
(6) PURDUE FOUNDATION DEVELOPMENT OFFICE 403 W. WOOD ST.	351052049	501(C)(3) PUBLI	25,500.				TED AND NANCY BOOTS
(7) ARTMIX 1505 N. DELAWARE ST. SUITE 100	351529183	501(C)(3) PUBLI	25,665.				GENERAL OPERATING
(8) BROOKE'S PLACE FOR GRIEVING YOUNG PEOPLE 50 E. 91ST ST. SUITE 103	352045122	501(C)(3) PUBLI	25,665.				CHARITABLE CONTRIBUT
(9) THE FORTUNE ACADEMY 5626 LAWTON LOOP DR. INDIANAPOLIS, IN 46216	352148108	501(C)(3) PUBLI	26,000.				ORTON GILLINGHAM CER
(10) NOBLE OF INDIANA 7701 E. 21ST ST.	350924720	501(C)(3) PUBLI	26,100.				SHARE THE DREAM FUND
(11) AGAPE THERAPEUTIC RIDING RESOURCES, INC. 24970 MT. PLEASANT RD. P.O. BOX 207	311193132	501(C)(3) PUBLI	26,334.				CHARITABLE CONTRIBUT
(12) CONNECT2HELP 3901 N. MERIDIAN ST. SUITE 300	311216792	501(C)(3) PUBLI	26,408.				OPERATING SUPPORT -

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(1) BUTLER UNIVERSITY 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	350867977	501(C)(3) PUBLI	27,000.				SCHOLARSHIP SUPPORT
(2) IRVINGTON PRESBYTERIAN CHURCH 55 JOHNSON AVE. INDIANAPOLIS, IN 46219	350868021	501(C)(3) PUBLI	27,102.				2015 DISTRIBUTION
(3) DOMESTIC VIOLENCE NETWORK-GREATER INDY 9245 N. MERIDIAN ST. STE. 235	352014673	501(C)(3) PUBLI	27,500.				GENERAL OPERATING SU
(4) INDY READS LIBRARY SERVICES CENTER 2450 N. MERIDIAN ST	311227489	501(C)(3) PUBLI	27,500.				INDY WRITES BOOKS YE
(5) CENTRAL INDIANA YOUTH FOR CHRIST P.O. BOX 68695 INDIANAPOLIS, IN 46268	350992753	501(C)(3) PUBLI	29,000.				CITY LIFE WHEELS PRO
(6) CONNECTIONS MINISTRY 5440 PORT HUDSON DR. BATON ROUGE, LA 70817	204778410	501(C)(3) PUBLI	30,000.				GARDERE YOUTH ALLIAN
(7) INDIANAPOLIS CHILDREN'S CHOIR 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	351690755	501(C)(3) PUBLI	30,000.				CHARITABLE CONTRIBUT
(8) INDY NEIGHBORHOOD HOUSING PARTNERSHIP 3550 N. WASHINGTON BLVD.	351742559	501(C)(3) PUBLI	30,000.				INHP ONLINE EDUCATIO
(9) KING PARK AREA DEVELOPMENT CORPORATION 2430 N. DELAWARE ST.	351704590	501(C)(3) PUBLI	30,000.				REMOVING BARRIERS TO
(10) SWIRCA & MORE 16 W. VIRGINIA P.O. BOX 3938	351330782	501(C)(3) PUBLI	30,000.				STOMP OUT HUNGER FOR
(11) THE CONSERVATION LAW CENTER 116 S. INDIANA AVE. BLOOMINGTON, IN 47408	202321854	501(C)(3) PUBLI	30,000.				INDIANAPOLIS DEVELOP
(12) THE FIELD MUSEUM 1400 S. LAKE SHORE DR.	362167011	501(C)(3) PUBLI	30,000.				CHAIRMAN'S CIRCLE SU

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization answered "Yes" on 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.

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

- 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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(1) YOUNG LIFE DAYTON 1682 N. LONGVIEW ST. DAYTON, OH 45432	840385934	501(C)(3) PUBLI	30,000.				BEAVERCREEK CHAPTER
(2) THE HEALTH FDN OF GREATER INDY INC 429 E. VERMONT ST. SUITE 300	356203550	501(C)(3) PUBLI	30,050.				CHARITABLE CONTRIBUT
(3) THE CABARET 121 MONUMENT CIR. SUITE 516	311225154	501(C)(3) PUBLI	30,656.				THE NEXT PHASE
(4) SOCIEDAD AMIGOS DE COLUMBIA - SADCO P.O. BOX 1141 CARMEL, IN 46082	351624409	501(C)(3) PUBLI	31,325.				SCHOLARSHIP SUPPORT
(5) FALL CREEK GARDENS P.O. BOX 88321 INDIANAPOLIS, IN 46208	453783052	501(C)(3) PUBLI	32,000.				2015 GENERAL OPERATI
(6) JAMESON, INC. 2001 BRIDGEPORT RD. INDIANAPOLIS, IN 46231	351156756	501(C)(3) PUBLI	32,000.				YOUTH LEADERSHIP MAT
(7) WATER FOR GOOD P.O. BOX 247 WINONA LAKE, IN 46590	320112278	501(C)(3) PUBLI	32,000.				GENERAL OPERATING SU
(8) TEENWORKS 2820 MERIDIAN ST. STE 103	462047309	501(C)(3) PUBLI	32,840.				TEEN WORKS 360
(9) WILHELM REICH INFANT TRUST ORGONON DODGE POND RD.; P.O. BOX 687	010485254	501(C)(3) PUBLI	33,000.				GENERAL OPERATING SU
(10) CANCER SUPPORT COMMUNITY CENTRAL INDIANA 5150 W. 71ST ST. INDIANAPOLIS, IN 46268	351902427	501(C)(3) PUBLI	35,000.				CANCER SUPPORT COMMU
(11) CHICAGO HISTORY MUSEUM 1601 N. CLARK ST. CHICAGO, IL 60614-6038	204982186	501(C)(3) PUBLI	35,000.				EDUCATION SPONSOR OF
(12) CHAUCIE'S PLACE 4607 E. 106TH ST. CARMEL, IN 46033	352072683	501(C)(3) PUBLI	35,100.				ORGANIZATIONAL CAPAC

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) (2015)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

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(1) YMCA OF GREATER INDIANAPOLIS 615 N. ALABAMA ST. SUITE 200	350868211	501(C)(3) PUBLI	35,250.				BAXTER YMCA
(2) VOLUNTEERS OF AMERICA OF INDIANA 927 N. PENNSYLVANIA ST.	351914815	501(C)(3) PUBLI	36,500.				COMMUNITY CRIME PREV
(3) CICP FOUNDATION, INC. 111 MONUMENT CIR. STE. 1800	352065457	501(C)(3) PUBLI	36,800.				INDUSTRY-DRIVEN ADVA
(4) DANCE KALEIDOSCOPE 4603 CLARENDON RD. ROOM 32	310896177	501(C)(3) PUBLI	37,200.				CAPACITY BUILDING
(5) QUEENS UNIVERSITY OF CHARLOTTE 1900 SELWYN AVE. CHARLOTTE, NC 28274	560530003	501(C)(3) PUBLI	37,447.				GENERAL OPERATING SU
(6) DOVE RECOVERY HOUSE FOR WOMEN 14 N. HIGHLAND AVE. INDIANAPOLIS, IN 46202	352120680	501(C)(3) PUBLI	37,500.				OPERATING SUPPORT
(7) HOOSIER ENVIRONMENTAL COUNCIL 3951 N. MERIDIAN ST. SUITE 100	351576694	501(C)(3) PUBLI	38,000.				GENERAL OPERATING SU
(8) SOUTHEAST COMMUNITY SERVICES 901 S. SHELBY ST. INDIANAPOLIS, IN 46203	351318068	501(C)(3) PUBLI	38,500.				CENTER FOR WORKING F
(9) 100 BLACK MEN OF INDIANAPOLIS, INC. 3901 N. MERIDIAN ST. SUITE 10	351813852	501(C)(3) PUBLI	40,000.				GENERAL OPERATING
(10) BOYS & GIRLS CLUB OF MUNCIE 1710 S. MADISON ST. MUNCIE, IN 47302	350869060	501(C)(3) PUBLI	40,000.				TRANSPORT VAN AND UP
(11) COALITION-HOMELESSNESS INTERVEN & PREVEN 3737 N. MERIDIAN ST. SUITE 504	311254018	501(C)(3) PUBLI	40,000.				OPERATING SUPPORT -
(12) EAGLE CHURCH P.O. BOX 254 ZIONSVILLE, IN 46077	351952000	501(C)(3) PUBLI	40,000.				GENERAL FUND

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) (2015)

**SCHEDULE I
(Form 990)**

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

2015

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Department of the Treasury
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Name of the organization

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35-1793680

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(1) MILLIGAN COLLEGE INSTITUTIONAL ADVANCEMENT P.O. BOX 9	620535755	501(C)(3) PUBLI	40,000.				WILLIAMS SCHOLARSHIP
(2) BOYS & GIRLS CLUBS OF INDIANAPOLIS 3530 SOUTH KEYSTONE AVE. SUITE 200	350888754	501(C)(3) PUBLI	47,000.				KENAN STAHL SUPPORT
(3) INDIANA LATINO INSTITUTE 401 W. MICHIGAN ST. #100	260036285	501(C)(3) PUBLI	47,300.				WOMEN REACHING HIGHE
(4) CHICAGO PUBLIC MEDIA 848 E. GRAND AVE. NAVY PIER	363687394	501(C)(3) PUBLI	47,500.				25TH ANNIVERSARY GAL
(5) BROWN COUNTY ART GALLERY FOUNDATION P.O. BOX 443 1 ARTIST DR.	311000340	501(C)(3) PUBLI	50,000.				CAPITAL CAMPAIGN SUP
(6) CENTER FOR LEADERSHIP DEVELOPMENT, INC. 2425 DR. MARTIN LUTHER KING JR. ST.	351389882	501(C)(3) PUBLI	50,000.				PROGRAM OPERATING SU
(7) CHILDRENS POLICY & LAW INITIATIVE OF IN 410 N. AUDUBON RD. INDIANAPOLIS, IN 46219	455626962	501(C)(3) PUBLI	50,000.				ADVOCATES FOR INDIAN
(8) CITY OF GOD CHURCH 3526 OSBORNE LA. SUITE A	264606865	501(C)(3) PUBLI	50,000.				RELOCATION CAMPAIGN
(9) EXODUS REFUGEE IMMIGRATION INC. 1125 BROOKSIDE AVE. SUITE C9	351900090	501(C)(3) PUBLI	50,000.				EXTENDED SERVICES TO
(10) INTERCESSION GROUP, INC. 1037 MARINER DR. WARSAW, IN 46582	451607122	501(C)(3) PUBLI	50,000.				GENERAL FUND
(11) REACH FOR YOUTH, INC. 3505 N. WASHINGTON BLVD.	237456842	501(C)(3) PUBLI	50,000.				COMMUNITY CRIME PREV
(12) RECYCLEFORCE 1125 BROOKSIDE AVE. SUITE D12	141892402	501(C)(3) PUBLI	50,000.				COMMUNITY CRIME PREV

- 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) (2015)

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(Form 990)**

**Grants and Other Assistance to Organizations,
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(1) ST. ANTHONY PARISH 337 WARMAN AVE. INDIANAPOLIS, IN 46222	350868024	501(C)(3) PUBLI	50,000.				GYM EQUIPMENT
(2) THE FAMILY DEFENSE CENTER 70 E. LAKE ST. SUITE 1100 CHICAGO, IL 60601	203096347	501(C)(3) PUBLI	50,000.				GENERAL OPERATING SU
(3) YOUNG LIFE CHESAPEAKE 173 MOUNT PLEASANT RD.	840385934	501(C)(3) PUBLI	50,000.				OPERATING AND PROGRA
(4) INDIANAPOLIS ZOOLOGICAL SOCIETY, INC. 1200 W. WASHINGTON ST. P.O. BOX 22309	351074747	501(C)(3) PUBLI	51,500.				CHARITABLE CONTRIBUT
(5) INDIANA HISTORICAL SOCIETY 450 W. OHIO ST. INDIANAPOLIS, IN 46202	350876384	501(C)(3) PUBLI	52,500.				CHARITABLE CONTRIBUT
(6) TECHPOINT FOUNDATION FOR YOUTH DEVELOPERTOWN, STE. #150 5255 WINTHROP AVE.	352155455	501(C)(3) PUBLI	52,635.				2015 DISTRIBUTION
(7) ART WITH A HEART 2605 E. 25TH ST. STE 301	020570317	501(C)(3) PUBLI	52,700.				CREATIVE KINDERGARTE
(8) EAST 10TH STREET CIVIC ASSOCIATION 3125 E. 10TH ST. STE J	141857868	501(C)(3) PUBLI	53,825.				SCULPTURAL, PROGRAMM
(9) IPS CAREER TECHNOLOGY CENTER 725 N. ORIENTAL ST. INDIANAPOLIS, IN 46202	356002486	EDUCATIONAL ORG	54,047.				DESKTOP COMPUTERS
(10) KOSCIUSKO COMMUNITY YMCA 1401 E. SMITH ST. WARSAW, IN 46580	351068182	501(C)(3) PUBLI	54,250.				CHRISTIAN EMPHASIS
(11) INDIANAPOLIS ART CENTER 820 E. 67TH ST. INDIANAPOLIS, IN 46220	351088735	501(C)(3) PUBLI	55,900.				2015 DISTRIBUTION
(12) ONE ACCORD, INC. PMB 194, 283-B EGG HARBOR RD.	223636813	501(C)(3) PUBLI	56,000.				GENERAL OPERATING SU

- 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) (2015)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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(1) CRU 100 LAKE HART DR. #2400 ORLANDO, FL 32832	956006173	501(C)(3) PUBLI	56,100.				PROJECT #0437021 AND
(2) THE VILLAGES OF INDIANA, INC. 3833 N. MERIDIAN ST.	351708240	501(C)(3) PUBLI	56,830.				SUPPORT OF THE MATT
(3) DAVINCI PURSUIT 826 N GRAHAM AVE. INDIANAPOLIS, IN 46219	271317762	501(C)(3) PUBLI	60,000.				SYSTEM-WIDE WATERWAY
(4) GOODWILL INDUSTRIES FDN OF CENTRAL IN 1635 W. MICHIGAN ST. INDIANAPOLIS, IN 46222	237148440	501(C)(3) PUBLI	60,000.				SUPPORT FOR THE NURS
(5) HARMONIE ASSOCIATES P.O. BOX 114 NEW HARMONY, IN 47631	351107764	501(C)(3) PUBLI	60,000.				MAIN STREET BEAUTIFI
(6) JOHN P. CRAINE HOUSE, INC. 6130 N. MICHIGAN RD INDIANAPOLIS, IN 46228	351021203	501(C)(3) PUBLI	61,000.				RESIDENTIAL PROGRAM
(7) HARRISON CENTER FOR THE ARTS, INC. 1505 NORTH DELAWARE INDIANAPOLIS, IN 46202	010798626	501(C)(3) PUBLI	61,500.				MUSEUM OF PYSCHPHONI
(8) ST. MARY'S CHILD CENTER 901 DR. MARTIN LUTHER KING JR. ST.	351141484	501(C)(3) PUBLI	61,500.				TRANSPORTATION SUPPO
(9) CICOA AGING & IN-HOME SOLUTIONS, INC. 4755 KINGSWAY DR. SUITE 200	351310387	501(C)(3) PUBLI	65,000.				CICOA WAY2GO SENIOR
(10) COLUMBIA COLLEGE CHICAGO 600 S. MICHIGAN AVE. SUITE 400	366112087	501(C)(3) PUBLI	65,000.				NEU/NOW FESTIVAL IN
(11) EDNA MARTIN CHRISTIAN CENTER 2605 E 25TH ST. INDIANAPOLIS, IN 46218-0388	351072577	501(C)(3) PUBLI	70,000.				CENTER FOR WORKING F
(12) KEEP INDIANAPOLIS BEAUTIFUL, INC. 1029 FLETCHER AVE. SUITE 100	311005792	501(C)(3) PUBLI	70,000.				YOUTH TREE TEAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(Form 990)**

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(1) PATHWAY TO RECOVERY, INC. 2135 N. ALABAMA ST. INDIANAPOLIS, IN 46202	351820889	501(C)(3) PUBLI	70,000.				COMMUNITY CRIME PREV
(2) JOY'S HOUSE 2028 E. BROAD RIPPLE AVE.	352083290	501(C)(3) PUBLI	71,000.				CHARITABLE CONTRIBUT
(3) HEARTLAND TRULY MOVING PICTURES 1043 VIRGINIA AVE SUITE 2	351832797	501(C)(3) PUBLI	75,000.				CHARITABLE CONTRIBUT
(4) JOHN H. BONER COMMUNITY CENTER 2236 E. 10TH ST.	237204495	501(C)(3) PUBLI	75,000.				CENTER FOR WORKING F
(5) INDIANA CANINE ASSISTANT NETWORK, INC. 5610 CRAWFORDSVILLE RD. SUITE 2101	352144155	501(C)(3) PUBLI	76,050.				CHARITABLE CONTRIBUT
(6) INTERNATIONAL CRYPTOZOOLOGY MUSEUM 11 AVON ST. PORTLAND, ME 04101	453598429	501(C)(3) PUBLI	79,000.				INTERNATIONAL CRYPTO
(7) CHRISTAMORE HOUSE 502 N. TREMONT ST. ROOM 310	350885588	501(C)(3) PUBLI	79,250.				CHARITABLE CONTRIBUT
(8) PEACE LEARNING CENTER 6040 DELONG RD. EAGLE CREEK PARK	352067284	501(C)(3) PUBLI	80,000.				CICF 40 UNDER 40 GRA
(9) SOUTHEAST NEIGHBORHOOD DEVELOPMENT, INC. 1035 SANDERS ST. STE 118	351557200	501(C)(3) PUBLI	80,000.				AESTHETIC/FUNCTIONAL
(10) PARK TUDOR SCHOOL 7200 N. COLLEGE AVE. INDIANAPOLIS, IN 46240	350909976	501(C)(3) PUBLI	80,500.				SPONSORSHIP SUPPORT
(11) INDIANAPOLIS MUSEUM OF CONTEMPORARY ART 1043 VIRGINIA AVE. SUITE 5	352155600	501(C)(3) PUBLI	84,600.				GENERAL OPERATING SU
(12) INDIANAPOLIS CHAMBER ORCHESTRA 4603 CLARENDON RD. SUITE 36	311132072	501(C)(3) PUBLI	91,838.				2015 DISTRIBUTION

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE TRUST FOR PUBLIC LAND 120 S. LASALLE ST. STE. 2000	237222333	501(C)(3) PUBLI	92,500.				TO SUPPORT THE 606 A
(2) IMMIGRANT WELCOME CENTER 2236 E. 10TH ST.	203222424	501(C)(3) PUBLI	92,958.				2015 DISTRIBUTION
(3) SECOND HELPINGS, INC. THE EUGENE AND MARILYN GLICK CENTER 1121 SO	351484281	501(C)(3) PUBLI	97,400.				CHARITABLE CONTRIBUT
(4) GRAMEEN AMERICA 1460 BROADWAY 14TH FLOOR NEW YORK, NY 10036	208497991	501(C)(3) PUBLI	100,000.				OPERATING SUPPORT
(5) JEWISH FEDERATION OF GREATER INDY 6705 HOOVER RD. INDIANAPOLIS, IN 46260-4120	350888017	501(C)(3) PUBLI	100,000.				CHARITABLE CONTRIBUT
(6) LOCAL INITIATIVES SUPPORT CORPORATION 202 E. MARKET ST. THE PLATFORM	133030229	501(C)(3) PUBLI	100,000.				CENTER FOR WORKING F
(7) UNIV. OF CALIFORNIA, BERKELEY FDN UNIVERSITY RELATIONS 2080 ADDISON ST.	946090626	501(C)(3) PUBLI	100,000.				ARLENE ALLSOPP MCKIN
(8) HABITAT FOR HUMANITY OF GREATER INDY 3135 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351715910	501(C)(3) PUBLI	100,250.				VETERANS MOBILITY PR
(9) GOODMAN THEATRE 170 N. DEARBORN ST. CHICAGO, IL 60601	362896025	501(C)(3) PUBLI	105,000.				2015 EDUCATION AND C
(10) PLANNED PARENTHOOD OF IN AND KY, INC. 200 S. MERIDIAN ST. STE 400	350874276	501(C)(3) PUBLI	106,128.				2015 DISTRIBUTION
(11) THE CHILDREN'S MUSEUM OF INDIANAPOLIS 3000 N. MERIDIAN ST. P.O. BOX 3000	350867985	501(C)(3) PUBLI	107,500.				CHARITABLE CONTRIBUT
(12) FESTIVAL MUSIC SOCIETY OF INDIANA 3646 BAY RD S. DR. INDIANAPOLIS, IN 46240	356068649	501(C)(3) PUBLI	113,821.				FESTIVAL MUSIC SOCIE

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) BUSINESS OWNERSHIP INITIATIVE OF INDIANA 111 MONUMENT CIR. SUITE 2450	352028160	501(C)(3) PUBLI	114,250.				MICROENTERPRISE TECH
(2) CENTRAL INDIANA LAND TRUST INC. 1500 N. DELAWARE ST. INDIANAPOLIS, IN 46202	351816493	501(C)(3) PUBLI	116,000.				ACQUISITION AND GENE
(3) THE NATURE CONSERVANCY IN INDIANA 620 E. OHIO ST. INDIANAPOLIS, IN 46202-2418	530242652	501(C)(3) PUBLI	117,000.				RARE PLANT SURVEY AT
(4) INDIANAPOLIS PUBLIC SCHOOLS 120 E. WALNUT ST. INDIANAPOLIS, IN 46204	356002486	EDUCATIONAL ORG	120,228.				PRE-K PROGRAM AT PLA
(5) ESKENAZI HEALTH FOUNDATION 1001 W. 10TH ST. INDIANAPOLIS, IN 46202	311132066	501(C)(3) PUBLI	123,500.				CHARITABLE CONTRIBUT
(6) MUSEUM OF CONTEMPORARY ART 220 E. CHICAGO AVE. CHICAGO, IL 60611	366154098	501(C)(3) PUBLI	126,111.				MCA'S SCHOOL PROGRAM
(7) HORIZON HOUSE 1033 E. WASHINGTON ST.	351759503	501(C)(3) PUBLI	128,000.				COMPREHENSIVE SERVIC
(8) IVY TECH FOUNDATION 50 W. FALL CREEK PKWY. N. DR.	237073977	501(C)(3) PUBLI	130,000.				BUSTED KNUCKLE SCHOL
(9) LA PLAZA, INC. 8902 E. 38TH ST. INDIANAPOLIS, IN 46226	300029575	501(C)(3) PUBLI	132,241.				OPERATING SUPPORT
(10) INDIANA REPERTORY THEATRE, INC. 140 W. WASHINGTON ST.	351186290	501(C)(3) PUBLI	133,138.				CHARITABLE CONTRIBUT
(11) THE MIND TRUST 1630 N. MERIDIAN ST. SUITE 450	204560286	501(C)(3) PUBLI	134,425.				CELEBRATION OF TRANS
(12) THE JULIAN CENTER, INC. 2011 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351346514	501(C)(3) PUBLI	135,321.				STRATEGIC PLAN WITH

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

- 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
- 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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE CENTER FOR THE PERFORMING ARTS 355 W. CITY CENTER DR. CARMEL, IN 46032	203901164	501(C)(3) PUBLI	142,857.				GENERAL OPERATING FU
(2) AMERICAN CIVIL LIBERTIES UNION OF IN FDN 1031 E. WASHINGTON ST.	237398358	501(C)(3) PUBLI	150,489.				CHARITABLE CONTRIBUT
(3) EARLY LEARNING INDIANA 615 N. ALABAMA ST. SUITE 300	350888763	501(C)(3) PUBLI	171,132.				CICF 40 UNDER 40 GRA
(4) MEXICAN SCHOLARSHIP FUND 7373 HOLLIDAY DR. WEST	351793680	CICF FUND	178,275.				SCHOLARSHIP SUPPORT
(5) SERVANTS AT WORK P.O. BOX 40716 INDIANAPOLIS, IN 46240	453825509	501(C)(3) PUBLI	182,000.				RENT SUPPORT
(6) AMERICAN PIANISTS ASSOCIATION, INC. 4603 CLARENDON RD. SUITE 030	310969640	501(C)(3) PUBLI	187,033.				2015 DISTRIBUTION
(7) EITELJORG MUSEUM 500 W. WASHINGTON ST.	311139447	501(C)(3) PUBLI	205,000.				EITELJORG ON THE CAN
(8) INDIANA LANDMARKS 1201 CENTRAL AVE. INDIANAPOLIS, IN 46202	351162873	501(C)(3) PUBLI	212,750.				THOMAS TAGGART MEMOR
(9) WFYI PUBLIC MEDIA 1630 N. MERIDIAN ST. SUITE 2105	351147600	501(C)(3) PUBLI	230,897.				WFYI EDUCATION CHAMP
(10) HARVESTERS REACHING THE NATIONS, INC. 2001 W. PLANO PKWY. SUITE 3432	392017746	501(C)(3) PUBLI	248,000.				FUNDRAISING EXPENSES
(11) FIREFIGHTERS MUSEUM AND SURVIVE ALIVE INDPLS FIRE DEPT, DEPT OF PUBLIC SAFETY 300	351684705	501(C)(3) PUBLI	249,372.				SURVIVE ALIVE VILLAG
(12) SYCAMORE LAND TRUST INC. P.O. BOX 7801 BLOOMINGTON, IN 47407	351830637	501(C)(3) PUBLI	250,000.				BEANBLOOSOM CRK BICE

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization answered "Yes" on 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.

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

- 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
- 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" on 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) BIG CAR 615 N ALABAMA ST. STE. 119	113725157	501(C)(3) PUBLI	260,000.				GREENING OF MONUMENT
(2) HUMANE SOCIETY OF INDIANAPOLIS 7929 N. MICHIGAN RD. INDIANAPOLIS, IN 46268	350876385	501(C)(3) PUBLI	290,850.				CHARITABLE CONTRIBUT
(3) INDIANA UNIVERSITY FOUNDATION 340 W. MICHIGAN ST. INDIANAPOLIS, IN 46202	356018940	501(C)(3) PUBLI	321,092.				IU BREAST CANCER CEN
(4) INDIANAPOLIS SYMPHONY ORCHESTRA 32 E. WASHINGTON ST. SUITE 600	350998627	501(C)(3) PUBLI	345,842.				OUTREACH EFFORTS AND
(5) CATHEDRAL HIGH SCHOOL 5225 E. 56TH ST.	356254955	501(C)(3) PUBLI	360,618.				ANNUAL FUND
(6) THE INDIANAPOLIS PUBLIC LIBRARY FOUNDATION P.O. BOX 6134 INDIANAPOLIS, IN 46206-6134	237016089	501(C)(3) PUBLI	413,417.				CHARITABLE CONTRIBUT
(7) PHALEN LEADERSHIP ACADEMY-INDIANA INC. 2323 N. ILLINOIS ST. INDIANAPOLIS, IN 46208	364729586	501(C)(3) PUBLI	464,916.				FRANCIS SCOTT KEY EL
(8) UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST. P.O. BOX 88409	352141347	501(C)(3) PUBLI	514,104.				TRANSITION FOR SUSTA
(9) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE.	351483868	501(C)(3) PUBLI	655,676.				CHARITABLE CONTRIBUT
(10) CHICAGO HIGH SCHOOL FOR THE ARTS 2714 W. AUGUSTA CHICAGO, IL 60622	300440226	501(C)(3) PUBLI	754,000.				TO PURCHASE A COURTY
(11) MARIAN UNIVERSITY 3200 COLD SPRING RD.	350868175	501(C)(3) PUBLI	1,024,000.				CYCLING TEAM
(12) NATURE CONSERVANCY 620 E. OHIO ST. INDIANAPOLIS, IN 46202-2418	530242652	501(C)(3) PUBLI	1,529,902.				CHARITABLE CONTRIBUT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 300.

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) (2015)

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

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE US:

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

2015

**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 on 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

8 Were any amounts reported on 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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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 on 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRIAN E. PAYNE PRESIDENT & CEO	(i)	222,420.	0.	0.	19,108.	12,259.	253,787.	
	(ii)	136,322.	0.	0.	11,711.	7,513.	155,546.	
2 JENNIFER K. BARTENBACH CHIEF FINANCIAL OFFICER	(i)	108,458.	0.	0.	8,677.	319.	117,454.	
	(ii)	75,369.	0.	0.	6,030.	221.	81,620.	
3 ROBERT A. MACPHERSON VP DEVELOPMENT	(i)	72,050.	0.	0.	8,488.	12,425.	92,963.	
	(ii)	69,224.	0.	0.	8,155.	11,939.	89,318.	
4 ELIZABETH TATE VP COMMUNITY INVESTMENT	(i)	27,599.	0.	0.	3,701.	3,429.	34,729.	
	(ii)	110,395.	0.	0.	14,804.	13,715.	138,914.	
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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	21	840,819	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.		

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

Schedule M (Form 990) (2015)

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

NONCASH CONTRIBUTIONS:

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

2015

**Open to Public
Inspection**

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

FORM 990, PART V, QUESTION 2A & 2B

NUMBER OF EMPLOYEES:

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.

FORM 990, PART VI, SECTION A, LINE 2

BUSINESS RELATIONSHIPS:

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

FORM 990, PART VI, SECTION B, LINE 11B

PROCESS TO REVIEW THE FORM 990:

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.

FORM 990, PART VI, SECTION B, LINE 12C

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

CONFLICT OF INTEREST POLICY QUESTIONNAIRES ARE COMPLETED ANNUALLY BY ALL
BOARD MEMBERS AND STAFF. THE POLICY STATEMENTS ARE REVIEWED ANNUALLY BY

Name of the organization

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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 ACTIONS ARE DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION:

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.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INT. POLICY, AND FINANCIAL STATEMENTS:

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

FORM 990, PART XI, LINE 9

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	\$ 82,325
CHANGE IN DEFINED BEENFIT PENSION PLAN	63,194
TRANSFERS AND OTHER EXCHANGES	2,532,241

TOTAL:	\$ 2,677,760

Name of the organization

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

THE MISSION OF CENTRAL INDIANA COMMUNITY FOUNDATION (CICF) IS TO INSPIRE, SUPPORT, AND PRACTICE PHILANTHROPY, LEADERSHIP, AND SERVICE IN OUR COMMUNITY. THROUGH THE GENEROSITY OF THOUSANDS OF DONORS, CICF IS THE STEWARD FOR CHARITABLE ASSETS FOCUSING ON THREE AREAS THAT MAKE CENTRAL INDIANA A BETTER PLACE TO LIVE FOR CURRENT AND FUTURE GENERATIONS: 1.) GRANTMAKING FROM A VARIETY OF FUNDS TO OTHER EFFECTIVE NOT-FOR-PROFITS 2.) COMMUNITY LEADERSHIP ON ISSUES LIKE 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 2FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
LATINO SCHOLARSHIP DINNER	352,850.
SPECIAL EVENT	250,805.
TOTAL	<u>603,655.</u>

ATTACHMENT 3FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
LATINO SCHOLARSHIP DINNER	9,050.		9,050.
SPECIAL EVENT	27,600.	76,184.	-48,584.

Name of the organization

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

ATTACHMENT 3 (CONT'D)

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
TOTALS	<u>36,650.</u>	<u>76,184.</u>	<u>-39,534.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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

2015

**Open to Public
Inspection**

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. 615 N. ALABAMA ST., STE 119 INDIANAPOLIS, IN 46204 45-4618430	CHARITABLE	IN	501(C)3	7	CICF	X	
(2) THE WILLIAM E. ENGLISH FOUNDATION 615 N. ALABAMA ST., STE 119 INDIANAPOLIS, IN 46204 35-0929970	CHARITABLE	IN	501(C)3	11A	INDPLS FNDDT		X
(3) INDIANAPOLIS PARKS FOUNDATION INC. 615 N. ALABAMA ST., STE 119 INDIANAPOLIS, IN 46204 35-1860468	CHARITABLE	IN	501(C)3	11A	CICF	X	
(4) MCCAW FAMILY FOUNDATION, INC. 615 N. ALABAMA ST., STE 119 INDIANAPOLIS, IN 46204 35-2057394	CHARITABLE	IN	501(C)3	11A	CICF	X	
(5) NEXTECH.ORG, INC. 615 N. ALABAMA ST., SUITE 119 INDIANAPOLIS, IN 46204 45-3362871	CHARITABLE	IN	501(C)3	PF	N/A		X
(6)							
(7)							

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

Schedule R (Form 990) 2015

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		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	INDIANAPOLIS FOUNDATION, INC.	B	99,970.	FMV
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under 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).

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

For calendar year 2015 or other tax year beginning 01/01, 2015, and ending 12/31, 2015.

2015

Department of the Treasury
Internal Revenue Service

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

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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 501(C)(3)</td> <td><input type="checkbox"/> 220(e)</td> </tr> <tr> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 530(a)</td> </tr> <tr> <td><input type="checkbox"/> 408A</td> <td><input type="checkbox"/> 529(a)</td> </tr> </table> <p>C Book value of all assets at end of year</p> <p>388,336,104.</p>	<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 220(e)	<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)	<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)</p> <p style="text-align: center;">CENTRAL INDIANA COMMUNITY FOUNDATION INC</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p style="text-align: center;">615 NORTH ALABAMA STREET 119</p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p style="text-align: center;">INDIANAPOLIS, IN 46204</p> <p>F Group exemption number (See instructions.) ▶</p> <p>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</p>	<p>D Employer identification number (Employees' trust, see instructions.)</p> <p style="text-align: center;">35-1793680</p> <p>E Unrelated business activity codes (See instructions.)</p> <p style="text-align: center;">525990</p>
<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 220(e)								
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)								
<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)								

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)			
3 Gross profit. Subtract line 2 from line 1c			
4a Capital gain net income (attach Schedule D)	107,795.		107,795.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)	-722,091.	ATCH 1	-722,091.
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See instructions; attach schedule)			
13 Total. Combine lines 3 through 12	-614,296.		-614,296.

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)		17,893.
15 Salaries and wages		25,365.
16 Repairs and maintenance		
17 Bad debts		
18 Interest (attach schedule)		
19 Taxes and licenses		
20 Charitable contributions (See instructions for limitation rules)		
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion		
24 Contributions to deferred compensation plans		
25 Employee benefit programs		4,137.
26 Excess exempt expenses (Schedule I)		
27 Excess readership costs (Schedule J)		
28 Other deductions (attach schedule)	ATTACHMENT 2	50,188.
29 Total deductions. Add lines 14 through 28		97,583.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		-711,879.
31 Net operating loss deduction (limited to the amount on line 30)		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		-711,879.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		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		-711,879.

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

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

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

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

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

Enter filer's identifying number, see instructions

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► JENNIFER K. BARTENBACH, 615 N. ALABAMA ST., SUITE 119 INDIANAPOLIS, IN

Telephone No. ► 317 634-2423 FAX No. ►

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2015 or

► tax year beginning _____, 20____, and ending _____, 20____.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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 2014 overpayment credited to 2015 44a
b 2015 estimated tax payments 44b
c Tax deposited with Form 8868. 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Credit for small employer health insurance premiums (Attach Form 8941) 44f
g Other credits and payments: [] Form 2439 [] Form 4136 [] Other Total 44g
45 Total payments. Add lines 44a through 44g 45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached [] 46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48
49 Enter the amount of line 48 you want: Credited to 2016 estimated tax [] Refunded [] 49

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

1 At any time during the 2015 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 Yes No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No
3 Enter the amount of tax-exempt interest received or accrued during the tax year [] \$

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

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

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

Sign Here [] JENNIFER K. BARTENBACH Date [] CFO Title
Signature of officer Date Title
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date
NICOLE B FISHBACK [] 11/15/2016
Firm's name [] BKD, LLP Firm's EIN [] 44-0160260
Firm's address [] 201 N. ILLINOIS STREET Phone no. 317.383.4000
INDIANAPOLIS, IN 46204

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)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

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

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

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

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

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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. ▶			

**SCHEDULE O
(Form 1120)**

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

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.**
▶ **Information about Schedule O (Form 1120) and its instructions is available at www.irs.gov/form1120.**

OMB No. 1545-0123

Name

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I Apportionment Plan Information

1 Type of controlled group:

- a Parent-subsidiary group
- b Brother-sister group
- c Combined group
- d Life insurance companies only

2 This corporation has been a member of this group:

- a For the entire year.
- b From _____, until _____.

3 This corporation consents and represents to:

- a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.
- b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, and for all succeeding tax years.
- c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a Elected by the component members of the group.
- b Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a No apportionment plan is in effect and none is being adopted.
- b An apportionment plan is already in effect. It was adopted for the tax year ending _____, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency?

See instructions.

- a Yes.
 - (i) The statute of limitations for this year will expire on _____.
 - (ii) On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
- b No. The members may not adopt or amend an apportionment plan.

7 Required information and elections for component members. Check the applicable box(es) (see instructions).

- a The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
- b The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
- c The corporation has a short tax year that does not include December 31.

Part II Taxable Income Apportionment (See instructions)

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

(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket				(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	
1	INDIANAPOLIS PARKS FOUNDATION 35-1860468	2015-12	0.00	0.00	0.00	0.00	
2	MCCAW FAMILY FOUNDATION 35-2057394	2015-12	0.00	0.00	0.00	0.00	
3	THE INDIANAPOLIS FOUNDATION INC. 45-4618430	2015-12	0.00	0.00	0.00	0.00	
4	CENTRAL INDIANA COMMUNITY FOUNDATION 35-1793680	2015-12	0.00	0.00	0.00	0.00	
5	THE WILLIAM E. ENGLISH FOUNDATION 35-0929970	2015-12	40,143.00	0.00	0.00	0.00	40,143.00
6							
7							
8							
9							
10							
Total			40,143.00				40,143.00

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

Part III Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment						
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))
1 INDIANAPOLIS PARKS FOUNDATION	0.00	0.00	0.00	0.00	0.00	0.00	
2 MCCAW FAMILY FOUNDATION	0.00	0.00	0.00	0.00	0.00	0.00	
3 THE INDIANAPOLIS FOUNDATION INC.	0.00	0.00	0.00	0.00	0.00	0.00	
4 CENTRAL INDIANA COMMUNITY FOUNDATION	0.00	0.00	0.00	0.00	0.00	0.00	
5 THE WILLIAM E. ENGLISH FOUNDATION	6,021.00	0.00	0.00	0.00	0.00	0.00	6,021.00
6							
7							
8							
9							
10							
Total	6,021.00						6,021.00

Part IV Other Apportionments (See instructions)

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

**Central Indiana Community Foundation
Net Operating Loss Carryforward
12/31/2015**

Tax Year	Federal Income Generated	Federal NOL Generated	Federal NOL Utilized	Federal Remaining NOL C/F
12/31/2006		(238,858)	238,858	-
12/31/2007		(210,022)	210,022	-
12/31/2008		(981,757)	981,757	-
12/31/2009		(947,021)	480,921	(466,100)
12/31/2010		(595,184)		(1,061,284)
12/31/2011	722,254	-		(1,061,284)
12/31/2012		(253,930)		(1,315,214)
12/31/2013	251,496	-		(1,315,214)
12/31/2014	937,808	-		(1,315,214)
12/31/2015		(711,879)		(2,027,093)

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

ENCAP ENERGY CAPITAL FUND IX LP	-84,455.
ENERGY TRANSFER PARTNERS LP	-1,574.
ENTERPRISE PRODUCTS PARTNERS LP	31,562.
GMO FORESTRY FUND 8-B LP	-11,414.
KAYNE ANDERSON ENERGY FUND III	-4,439.
KAYNE ANDERSON ENERGY FUND IV	-256,970.
AIF VI (LS AIV) LP	2,078.
LIME ROCK RESOURCES B LP	64,004.
LEVEL EQUITY GROWTH PARTNERS I AIV (NB) LP	1,821.
LEVEL EQUITY GROWTH PARTNERS II AIV (NB) LP	-5,474.
LEVEL EQUITY OPPORTUNITIES FUND 2015, LP	-2,639.
NATURAL GAS PARTNERS IX	-93,956.
NAREP II LP	-830.
DENHAM COMMODITY PARTNERS FUND LP	58,042.
METROPOLITAN REAL ESTATE PARTNERS	-722.
TRUEBRIDGE-KAUFFMAN ENDOWMENT FUND II LP	-1,780.
COMMON FUND CAPITAL VENTURE PARTNERS IX LP	-425.
THE VARDE FUND IX-A LP	1,757.
KAYNE ANDERSON ENERGY FUND VI LP	-124,234.
AMBERBROOK IV LLC	-1,155.
AMBERBROOK V LLC	-1,935.
AMBERBROOK VI LLC	186.
NORTH SKY VENTURE FUND II LP	1,091.
AG SUPER FUND, LP	5,205.
YORKTOWN ENERGY PARTNERS IX LP	-181,806.
ONEOK PARTNERS LP	-92,444.
PLAINS ALL AMERICAN PIPELINE LP	-1,146.
ENERGY TRANSFER EQUITY LP	-1,389.
MAGELLAN MIDSTREAM PARTNERS LP	837.
THE BLACKSTONE GROUP LP	4.
SUBURBAN PROPANE PARTNERS LP	164.
SUGAR CREEK PROPERTIES	1,400.
AUDAX PRIVATE EQUITY FUND 11, LP	3,688.
ENR PARTNERS, LP	-19,949.
EURO CHOICE SECONDARY	-90.
KAYNE ANDERSON VII	-5,306.
MPLX, LP	-1,231.
TRUEBRIDGE BVP VIII SPECIAL PURPOSE LLC	-4.
TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWMENT FUND III LP	1,437.
INCOME (LOSS) FROM PARTNERSHIPS	<u>-722,091.</u>

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

AUDIT FEES	20,600.
TAX PREP FEES	15,450.
INVESTMENT MANAGEMENT FEES	14,138.
 PART II - LINE 28 - OTHER DEDUCTIONS	 <u>50,188.</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

2015

Name

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked			73.	-73.
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 -73.

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	16,261.			16,261.
11 Enter gain from Form 4797, line 7 or 9				11 91,607.
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				15 107,868.

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
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)				17 107,795.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns				18 107,795.

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) (2015)

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

2015
Attachment
Sequence No. **12A**

► 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
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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 will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

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 totals directly on Schedule D, line 1a; you aren't 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 of (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	
	ST CAPITAL GAIN	VARIOUS	VARIOUS		73.			-73.
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) ►					73.		-73.

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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side CENTRAL INDIANA COMMUNITY FOUNDATION INC	Social security number or taxpayer identification number 35-1793680
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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 will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

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 totals directly on Schedule D, line 8a; you aren't 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	VARIOUS	VARIOUS	16,261.				16,261.
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) ▶				16,261.				16,261.

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.

Sales of Business Property
 (Also Involuntary Conversions and Recapture Amounts
 Under Sections 179 and 280F(b)(2))

Department of the Treasury
 Internal Revenue Service

▶ **Attach to your tax return.**

▶ **Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.**

Attachment
 Sequence No. **27**

Name(s) shown on return CENTRAL INDIANA COMMUNITY FOUNDATION INC	Identifying number 35-1793680
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1 Enter the gross proceeds from sales or exchanges reported to you for 2015 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)	1
--	----------

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	ATTACHMENT 1						91,607.

3 Gain, if any, from Form 4684, line 39	3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5
6 Gain, if any, from line 32, from other than casualty or theft	6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7
	91,607.
<p>Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p>Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>	
8 Nonrecaptured net section 1231 losses from prior years (see instructions)	8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7	11
12 Gain, if any, from line 7 or amount from line 8, if applicable	12
13 Gain, if any, from line 31	13
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17 Combine lines 10 through 16	17
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:	
<p>a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions</p>	18a
<p>b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14</p>	18b

For Paperwork Reduction Act Notice, see separate instructions. Form **4797** (2015)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B
20	Gross sales price (Note: See line 1 before completing.) 20		
21	Cost or other basis plus expense of sale 21		
22	Depreciation (or depletion) allowed or allowable . . . 22		
23	Adjusted basis. Subtract line 22 from line 21. 23		
24	Total gain. Subtract line 23 from line 20. 24		
25	If section 1245 property:		
	a Depreciation allowed or allowable from line 22 . . . 25a		
	b Enter the smaller of line 24 or 25a 25b		
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
	a Additional depreciation after 1975 (see instructions). 26a		
	b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions). 26b		
	c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e. 26c		
	d Additional depreciation after 1969 and before 1976. 26d		
	e Enter the smaller of line 26c or 26d. 26e		
	f Section 291 amount (corporations only). 26f		
	g Add lines 26b, 26e, and 26f 26g		
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).		
	a Soil, water, and land clearing expenses 27a		
	b Line 27a multiplied by applicable percentage (see instructions). 27b		
	c Enter the smaller of line 24 or 27b 27c		
28	If section 1254 property:		
	a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions). 28a		
	b Enter the smaller of line 24 or 28a 28b		
29	If section 1255 property:		
	a Applicable percentage of payments excluded from income under section 126 (see instructions). 29a		
	b Enter the smaller of line 24 or 29a (see instructions). 29b		

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24 30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years 33	
34	Recomputed depreciation (see instructions) 34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report 35	

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: \$121,568

KAYNE ANDERSON ENERGY FUND III (QP) LP EIN: 83-0407922
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$5,879

KAYNE ANDERSON ENERGY FUND IV (QP) LP EIN: 20-5659373
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$151,291

KAYNE ANDERSON ENERGY FUND VI (QP) LP EIN: 38-3865939
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$93,838

TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWMENT FUND II LP EIN: 32-0300512
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$25

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: \$554

AMBERBROOK VI LLC EIN: 90-0806597
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$41

ENCAP ENERGY CAPITAL FUND IX LP EIN: 80-0860738
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$61,725

YORKTOWN ENERGY PARTNERS IX LP EIN: 27-3125579
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$165,409

DENHAM COMMODITY PARTNERS VI, LP EIN: 45-2484628
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$71,372

LIME ROCK RESOURCES B EIN: 81-0681141
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$16,359

FEDERAL ELECTIONS

EIN:20-8875684

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
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$1

ENR PARTNERS LP EIN:61-1765146
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$1,130