



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

2016

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 2016 calendar year, or tax year beginning , 2016, 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 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 615 NORTH ALABAMA STREET 119 City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46204				D Employer identification number 35-1793680	
	F Name and address of principal officer: BRIAN PAYNE 615 NORTH ALABAMA ST, STE 119 INDIANAPOLIS, IN 46204				E Telephone number (317) 634-2423	
	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				G Gross receipts \$ 89,063,174.	
	J Website: ▶ WWW.CICF.ORG				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)	
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) 3 23.
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 23.
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 68.
	6	Total number of volunteers (estimate if necessary) 6 23.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a -12,002.
7b	Net unrelated business taxable income from Form 990-T, line 34 7b -119,246.	
Revenue	Prior Year Current Year	
	8	Contributions and grants (Part VIII, line 1h) 18,591,242. 20,482,758.
	9	Program service revenue (Part VIII, line 2g) 0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,761,430. 10,906,205.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 597,752. 518,085.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 33,950,424. 31,907,048.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 20,824,018. 29,972,502.
	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) 2,272,927. 2,828,082.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 941,767.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,716,347. 3,714,743.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26,813,292. 36,515,327.	
19	Revenue less expenses. Subtract line 18 from line 12 7,137,132. -4,608,279.	
Net Assets or Fund Balances	Beginning of Current Year End of Year	
	20	Total assets (Part X, line 16) 388,336,104. 402,686,160.
	21	Total liabilities (Part X, line 26) 13,610,059. 19,409,649.
22	Net assets or fund balances. Subtract line 21 from line 20. 374,726,045. 383,276,511.	

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		11/15/2017		
	JENNIFER K. BARTENBACH		Date		
	Type or print name and title		CFO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	NICOLE B FISHBACK		11/15/2017		P01279475
	Firm's name ▶BKD, LLP	Firm's EIN ▶44-0160260		Phone no. 317.383.4000	
	Firm's address ▶201 N. ILLINOIS STREET INDIANAPOLIS, IN 46204				

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

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

4a (Code:) (Expenses \$ 15,062,922. including grants of \$ 13,487,626.) (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 \$ 10,376,681. including grants of \$ 9,291,476.) (Revenue \$)

FAMILY SUCCESS IS ABOUT SUPPORTING FAMILIES AND THEIR COMMUNITIES BY STRENGTHENING NEIGHBORHOOD-BASED PROVIDERS THAT SUPPORT LOW-INCOME FAMILIES IN INCREASING EARNINGS AND ASSETS. WE FOCUS ON PARTNERSHIPS WITH INTERMEDIARY AGENCIES AND DIRECT SERVICE ORGANIZATIONS DEVELOPING A ROBUST NETWORK OF CENTER FOR WORKING FAMILIES, INCREASING ORGANIZATIONAL CAPACITY OF NEIGHBORHOOD CENTERS, LEVERAGING ADDITIONAL FUNDING AND CHAMPIONING THE IMPORTANCE OF NEIGHBORHOOD CENTERS.

4c (Code:) (Expenses \$ 8,033,559. including grants of \$ 7,193,400.) (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 ▶ 33,473,162.

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 number, description, and Yes/No checkboxes. Includes lines 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (23), 1b (23), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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) CYNTHIA SIMON SKJODT BOARD CHAIR	1.00 2.00	X		X				0.	0.	0.
(2) ALAN A. LEVIN DIRECTOR	1.00 2.00	X						0.	0.	0.
(3) GREGORY F. HAHN VICE-CHAIR	1.00 2.00	X		X				0.	0.	0.
(4) AASIF BADE SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) KATHERINE L. DAVIS TREASURER	1.00 2.00	X		X				0.	0.	0.
(6) JEAN BLACKWELL DIRECTOR	1.00 0.	X						0.	0.	0.
(7) MICHAEL DAUGHERTY DIRECTOR	1.00 1.00	X						0.	0.	0.
(8) MELISSA PROFFITT DIRECTOR	1.00 0.	X						0.	0.	0.
(9) TRACI DOLAN DIRECTOR	1.00 1.00	X						0.	0.	0.
(10) MARIANNE GLICK DIRECTOR	1.00 0.	X						0.	0.	0.
(11) J.A. LACY DIRECTOR	1.00 0.	X						0.	0.	0.
(12) MYRTA J. PULLIAM DIRECTOR	1.00 0.	X						0.	0.	0.
(13) MARISOL SANCHEZ DIRECTOR	1.00 0.	X						0.	0.	0.
(14) JERRY D. SEMLER DIRECTOR	1.00 2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MICHAEL J. SIMMONS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(16) JOSEPH L. SMITH JR. ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(17) CORBY D. THOMPSON ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
(18) MILTON O. THOMPSON ----- DIRECTOR	1.00 ----- 2.00	X						0.	0.	0.
(19) LEE WHITE ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(20) DARRIANNE CHRISTIAN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(21) ANN O'HARA ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
(22) CHARLES P. SUTPHIN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(23) DUANE INGRAM ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(24) BRIAN E. PAYNE ----- PRESIDENT & CEO	28.00 ----- 13.00			X				247,025.	110,982.	53,669.
(25) JENNIFER K. BARTENBACH ----- CHIEF FINANCIAL OFFICER	22.00 ----- 19.00			X				103,018.	80,943.	15,186.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								735,932.	459,962.	212,118.
d Total (add lines 1b and 1c)								735,932.	459,962.	212,118.

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
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 4

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	708,253.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	19,774,505.					
	g Noncash contributions included in lines 1a-1f: \$		5,216,862.					
	h Total. Add lines 1a-1f ▶			20,482,758.				
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). ▶			3,484,479.		-12,002.	3,496,481.	
	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					
		64,452,799.						
		b Less: cost or other basis and sales expenses						
		57,031,073.						
	c Gain or (loss)			7,421,726.				
	d Net gain or (loss) ▶			7,421,726.			7,421,726.	
	8a Gross income from fundraising events (not including \$ 708,253. of contributions reported on line 1c). See Part IV, line 18	a		43,650.				
		b Less: direct expenses	b	125,053.				
c Net income or (loss) from fundraising events. ATCH 4 ▶				-81,403.			-81,403.	
9a Gross income from gaming activities. See Part IV, line 19	a		0.					
	b Less: direct expenses	b	0.					
	c Net income or (loss) from gaming activities. ▶			0.				
10a Gross sales of inventory, less returns and allowances	a		0.					
	b Less: cost of goods sold	b	0.					
	c Net income or (loss) from sales of inventory. ▶			0.				
Miscellaneous Revenue		Business Code						
11a OPERATING SUPPORT INCOME		900099	599,488.	599,488.				
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d ▶			599,488.					
12 Total revenue. See instructions. ▶			31,907,048.	599,488.	-12,002.	10,836,804.		

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	28,914,412.	28,914,412.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,058,090.	1,058,090.		
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	518,354.	259,177.	155,506.	103,671.
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	1,447,550.	723,775.	434,265.	289,510.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	497,174.	248,587.	149,152.	99,435.
9 Other employee benefits	224,084.	112,042.	67,225.	44,817.
10 Payroll taxes	140,920.	70,460.	42,276.	28,184.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	22,254.	11,127.	6,676.	4,451.
c Accounting	56,267.	28,134.	16,880.	11,253.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	1,833,997.	1,146,248.	687,749.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	52,199.	26,099.	15,660.	10,440.
12 Advertising and promotion	88,753.	44,376.	26,626.	17,751.
13 Office expenses	69,578.	34,789.	20,873.	13,916.
14 Information technology	132,513.	66,256.	39,754.	26,503.
15 Royalties	0.			
16 Occupancy	411,649.	205,824.	123,495.	82,330.
17 Travel	30,209.	15,104.	9,063.	6,042.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	28,906.	14,453.	8,672.	5,781.
20 Interest	19,000.	9,500.	5,700.	3,800.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	479,620.	239,810.	143,886.	95,924.
23 Insurance	40,564.	20,282.	12,169.	8,113.
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	388,316.	194,158.	116,495.	77,663.
b EMPLOYEE RELATIONS	29,822.	14,911.	8,947.	5,964.
c DUES & MEMBERSHIPS	24,304.	12,152.	7,291.	4,861.
d MISCELLANEOUS	6,792.	3,396.	2,038.	1,358.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	36,515,327.	33,473,162.	2,100,398.	941,767.
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	27,435,261.	2	22,347,620.
	3 Pledges and grants receivable, net	5,975,594.	3	5,305,912.
	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 8,164,627.		
	b Less: accumulated depreciation	10b 3,641,408.	4,763,252.	10c 4,523,219.
	11 Investments - publicly traded securities	200,371,428.	11	212,312,837.
	12 Investments - other securities. See Part IV, line 11	144,561,310.	12	152,987,984.
	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	5,229,259.	15	5,208,588.
16 Total assets. Add lines 1 through 15 (must equal line 34)	388,336,104.	16	402,686,160.	
Liabilities	17 Accounts payable and accrued expenses	1,828,511.	17	2,256,280.
	18 Grants payable	9,207,645.	18	14,683,415.
	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	2,573,903.	25	2,469,954.
	26 Total liabilities. Add lines 17 through 25	13,610,059.	26	19,409,649.
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	357,041,029.	27	365,755,764.
	28 Temporarily restricted net assets	12,837,871.	28	12,657,297.
	29 Permanently restricted net assets	4,847,145.	29	4,863,450.
	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	374,726,045.	33	383,276,511.
34 Total liabilities and net assets/fund balances	388,336,104.	34	402,686,160.	

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	31,907,048.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,515,327.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,608,279.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	374,726,045.
5	Net unrealized gains (losses) on investments	5	11,015,669.
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	2,143,076.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	383,276,511.

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

2016

Open to Public Inspection

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 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) 2016

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31,014,303.	49,622,779.	14,282,898.	18,591,242.	20,482,758.	133,993,980.
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.	31,014,303.	49,622,779.	14,282,898.	18,591,242.	20,482,758.	133,993,980.
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).						30,674,820.
6 Public support. Subtract line 5 from line 4.						103,319,160.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	31,014,303.	49,622,779.	14,282,898.	18,591,242.	20,482,758.	133,993,980.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,845,427.	5,652,129.	5,193,179.	3,566,183.	3,484,479.	22,741,397.
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.) . ATCH. 1	901,060.	439,943.	853,730.	673,936.	643,138.	3,511,807.
11 Total support. Add lines 7 through 10						160,247,184.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	64.47%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	65.82%
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
OPERATING SUPPORT INCOME	676,113.	412,018.	798,280.	637,286.	599,488.	3,123,185.
SPECIAL EVENT INCOME	31,651.	27,925.	55,450.	36,650.	43,650.	195,326.
OTHER INCOME	193,296.					193,296.
TOTALS	<u>901,060.</u>	<u>439,943.</u>	<u>853,730.</u>	<u>673,936.</u>	<u>643,138.</u>	<u>3,511,807.</u>

Schedule of Contributors

2016

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

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

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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	_____	\$ 943,194.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 463,481.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 3,224,855.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 2,529,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 2,001,436.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC	Employer identification number 35-1793680
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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	_____	\$ 1,253,406.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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	_____	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____	\$ 415,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number

35-1793680

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	PUBLICLY TRADED SECURITIES	\$ 1,864,866.	12/29/2016
6	PUBLICLY TRADED SECURITIES	\$ 2,001,436.	12/19/2016
7	PUBLICLY TRADED SECURITIES	\$ 803,406.	12/28/2016
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

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

Employer identification number

35-1793680

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(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

2016

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
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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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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) 2016

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) 2013	(b) 2014	(c) 2015	(d) 2016	(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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		12,300.
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			12,300.
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 campaign activity 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.

2016

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

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

Complete if the organization answered "Yes" 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 number of easements on certified historic structures, and several Yes/No 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 requirements for art and historical treasures, and amounts required to be reported under SFAS 116.

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

Schedule D (Form 990) 2016

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	225,401,472.	233,396,992.	234,580,410.	337,731,946.	318,414,275.
b Contributions	13,247,964.	7,213,751.	5,677,271.	16,410,572.	3,589,922.
c Net investment earnings, gains, and losses	13,098,997.	-1,527,215.	7,679,493.	51,753,816.	34,528,374.
d Grants or scholarships	16,229,527.	12,404,024.	13,303,504.	168,745,884.	16,315,490.
e Other expenditures for facilities and programs					
f Administrative expenses	1,196,032.	1,278,032.	1,236,678.	2,570,040.	2,485,135.
g End of year balance	234,322,874.	225,401,472.	233,396,992.	234,580,410.	337,731,946.

- 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		5,765,818.	2,571,544.	3,194,274.
d Equipment		1,813,005.	808,597.	1,004,408.
e Other		585,804.	261,267.	324,537.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,523,219.

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	152,987,984.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	152,987,984.	

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	2,203,434.	
(3) DUE TO OTHER FUNDS	266,520.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,469,954.	

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 4B

OTHER RECONCILING ITEMS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	\$ 374,085
CHANGE IN DEFINED BENEFIT PENSION PLAN	192,144

TOTAL	\$ 566,229

SCHEDULE D, PART XII, LINE 4B

OTHER RECONCILING ITEMS:

TRANSFERS AND OTHER EXCHANGES	\$ 2,709,305
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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
		SCHLRSHP DINNER (event type)	PHILNTH DINNER (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	332,203.	419,700.		751,903.
	2 Less: Contributions	324,403.	383,850.		708,253.
	3 Gross income (line 1 minus line 2)	7,800.	35,850.		43,650.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		3,500.		3,500.
	7 Food and beverages		47,879.		47,879.
	8 Entertainment				
	9 Other direct expenses		73,674.		73,674.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				125,053.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-81,403.

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**

OMB No. 1545-0047

2016

**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 noncash assistance	(h) Purpose of grant or assistance
(1) 2ND MILE ADVENTURES INC. 2562 WALTON BLVD. WARSAW, IN 46582	260293304	501(C)(3) PUBLI	60,000.				VEHICLE/BUS
(2) ACHIEVE 233 MCCREA ST. INDIANAPOLIS, IN 46225	650947453	501(C)(3) PUBLI	26,656.				NONPROFIT FUNDRAISIN
(3) AGE WELL SERVICES OF WEST MICHIGAN 560 SEMINOLE RD. MUSKEGON, MI 49444	382033822	501(C)(3) PUBLI	7,500.				FEEDING HEALTHY SENI
(4) ALL SAINTS' EPISCOPAL CHURCH 4550 N. HERMITAGE AVE. CHICAGO, IL 60640	362362361	RELIGIOUS ORGAN	60,000.				THE 1883 PROJECT
(5) ALL SOULS UNITARIAN CHURCH 5805 E. 56TH ST.	042103733	RELIGIOUS ORGAN	15,000.				1/1/17 - 6/30/18 STE
(6) ALPHA TAU OMEGA FOUNDATION 32 E. WASHINGTON ST. INDIANAPOLIS, IN 46204	237154214	501(C)(3) PUBLI	11,078.				2016 DISTRIBUTION
(7) ALZHEIMER'S ASSOCIATION OF GREATER INDIANA 50 E. 91ST. ST. INDIANAPOLIS, IN 46240	351747836	501(C)(3) PUBLI	35,635.				CHARITABLE CONTRIBUT
(8) AMERICAN CIVIL LIBERTIES UNION OF INDIANA F 1031 E. WASHINGTON ST.	237398358	501(C)(3) PUBLI	86,987.				CHARITABLE CONTRIBUT
(9) AMERICAN PIANISTS ASSOCIATION, INC. 4603 CLARENDON RD. INDIANAPOLIS, IN 46208	310969640	501(C)(3) PUBLI	302,732.				2016 DISTRIBUTION
(10) AREA 10 AGENCY ON AGING OF MONROE AND OWEN 631 EDGEWOOD DR. ELLETTSVILLE, IN 47429	310955307	501(C)(3) PUBLI	7,500.				FEEDING THE HOMEBOUN
(11) ART WITH A HEART 2605 E. 25TH ST. INDIANAPOLIS, IN 46218	020570317	501(C)(3) PUBLI	85,850.				CHARITABLE CONTRIBUT
(12) ARTISTS FOR PEACE AND JUSTICE 87 WALKER ST 6B NEW YORK, NY 10013	263873642	501(C)(3) PUBLI	10,000.				SPONSORSHIP SUPPORT

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**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

- 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 noncash assistance	(h) Purpose of grant or assistance
(1) ARTMIX 1505 N. DELAWARE ST. INDIANAPOLIS, IN 46202	351529183	501(C)(3) PUBLI	98,096.				CHARITABLE CONTRIBUT
(2) ARTS FOR LEARNING 546 E. 17TH ST. INDIANAPOLIS, IN 46204	351148812	501(C)(3) PUBLI	10,000.				COLLABORATION OF THE
(3) ASANTE CHILDREN'S THEATRE P.O. BOX 22344 INDIANAPOLIS, IN 46222	352203194	501(C)(3) PUBLI	20,000.				PREP4LIFE
(4) ASSISTANCE LEAGUE OF INDIANAPOLIS 1475 W. 86TH ST.	351635410	501(C)(3) PUBLI	7,500.				OPERATION SCHOOL BEL
(5) AUDITORIUM THEATRE OF ROOSEVELT UNIVERSITY, 50 E. CONGRESS PKWY. CHICAGO, IL 60605	363145476	501(C)(3) PUBLI	15,000.				HANDS TOGETHER, HEAR
(6) AYS INC. 4755 KINGSWAY DR. INDIANAPOLIS, IN 46205	310989270	501(C)(3) PUBLI	20,208.				2016 DISTRIBUTION
(7) BACK ON MY FEET INDIANAPOLIS 964 N. PENNSYLVANIA ST.	262109809	501(C)(3) PUBLI	17,475.				CHARITABLE CONTRIBUT
(8) BENJAMIN HARRISON PRESIDENTIAL SITE 1230 N. DELAWARE ST. INDIANAPOLIS, IN 46202	3511117501	501(C)(3) PUBLI	10,000.				MY COUNTRY 'TIS OF T
(9) BEN'S RANCH FOUNDATION P.O. BOX 3952 CARMEL, IN 46032	473828665	501(C)(3) PUBLI	9,227.				CHARITABLE CONTRIBUT
(10) BEXLEY SEABURY 1407 EAST 60TH STREET	462322021	501(C)(3) PUBLI	316,500.				THREE YEAR STIPEND
(11) BIG BROTHERS & BIG SISTERS OF SOUTH CENTRAL 807 N. COLLEGE AVE. BLOOMINGTON, IN 47404	351330448	501(C)(3) PUBLI	10,066.				ONE TO ONE MENTORING
(12) BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N. MERIDIAN ST.	351323831	501(C)(3) PUBLI	10,500.				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 ▶

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

Schedule I (Form 990) (2016)

**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

2016

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

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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

- 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 noncash assistance	(h) Purpose of grant or assistance
(1) BIG CAR 615 N ALABAMA ST. INDIANAPOLIS, IN 46204	113725157	501(C)(3) PUBLI	105,700.				LEISURE EXHIBITION I
(2) BISHOP CHATARD HIGH SCHOOL 5885 N. CRITTENDEN AVE.	351063332	EDUCATIONAL ORG	8,000.				GENERAL OPERATING SU
(3) BLUE GRASS COMMUNITY ACTION PARTNERSHIP 111 PROFESSIONAL CT. FRANKFORT, KY 40601	610659583	501(C)(3) PUBLI	7,500.				FAYETTE COUNTY ELDER
(4) BOONE COUNTY SENIOR SERVICES 515 CROWNPOINTE DR. LEBANON, IN 46052-8335	351445498	501(C)(3) PUBLI	25,000.				SUPPORT FOR TRANSPOR
(5) BOOTH TARKINGTON CIVIC THEATRE 3 CENTER GREEN CARMEL, IN 46032	350230360	501(C)(3) PUBLI	25,000.				STORYTIME WITH CIVIC
(6) BOSMA INDUSTRIES FOR THE BLIND, INC. 8020 ZIONSVILLE RD. INDIANAPOLIS, IN 46268	311246086	501(C)(3) PUBLI	20,000.				COMMUNITY-BASED SERV
(7) BOYS & GIRLS CLUB OF MUNCIE 1710 S. MADISON ST. MUNCIE, IN 47302	350869060	501(C)(3) PUBLI	40,000.				WRAPAROUND PROGRAM
(8) BOYS & GIRLS CLUBS OF INDIANAPOLIS 3530 SOUTH KEYSTONE AVE.	350888754	501(C)(3) PUBLI	85,250.				2016 DISTRIBUTION
(9) BRECKENRIDGE HERITAGE ALLIANCE P.O. BOX 2460 BRECKENRIDGE, CO 80424	208196263	501(C)(3) PUBLI	8,000.				BOOK PUBLICATION
(10) BROADWAY UNITED METHODIST CHURCH 609 EAST 29TH ST. INDIANAPOLIS, IN 46205	362379640	501(C)(3) PUBLI	20,000.				BROADWAY YOUTH LOUNG
(11) BROOKE'S PLACE FOR GRIEVING YOUNG PEOPLE, I 50 E. 91ST ST. INDIANAPOLIS, IN 46240	352045122	501(C)(3) PUBLI	62,096.				CHARITABLE CONTRIBUT
(12) BUTLER UNIVERSITY 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	350867977	501(C)(3) PUBLI	30,000.				SCHOLARSHIP SUPPORT

- 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 ▶

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**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
- 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 noncash assistance	(h) Purpose of grant or assistance
(1) CAMBRIDGE CITY MAIN STREET P.O. BOX 284 CAMBRIDGE CITY, IN 47327	471724047	501(C)(3) PUBLI	10,000.				STABILIZATION OF C.1
(2) CANCER SUPPORT COMMUNITY - CENTRAL INDIANA, 5150 W. 71ST ST. INDIANAPOLIS, IN 46268	351902427	501(C)(3) PUBLI	18,500.				CHARITABLE CONTRIBUT
(3) CANDLES HOLOCAUST MUSEUM AND EDUCATION CENT 1532 S. THIRD ST. TERRE HAUTE, IN 47802	311097973	501(C)(3) PUBLI	100,000.				TERRE HAUTE NATIONAL
(4) CARDINAL RITTER HIGH SCHOOL 3360 W. 30TH ST.	351096103	501(C)(3) PUBLI	6,000.				ANNUAL FUND
(5) CASTLETON UNITED METHODIST CHURCH 7160 SHADELAND STATION	351149228	RELIGIOUS ORGAN	18,000.				STILL WATERS ADULT D
(6) CATHEDRAL HIGH SCHOOL 5225 E. 56TH ST.	356254955	501(C)(3) PUBLI	366,889.				2016 DISTRIBUTION
(7) CATHOLIC CHARITIES INDIANAPOLIS 1400 N. MERIDIAN ST., RM. #217	351018460	501(C)(3) PUBLI	15,000.				PERSON-CENTERED-CARE
(8) CENTRAL CHRISTIAN CHURCH 2525 LEONARD ST. NE GRAND RAPIDS, MI 49505	350868116	501(C)(3) PUBLI	7,500.				CENTRAL CHRISTIAN LO
(9) CENTRAL INDIANA LAND TRUST INC. 1500 N. DELAWARE ST. INDIANAPOLIS, IN 46202	351816493	501(C)(3) PUBLI	261,250.				ACQUISITION AND GENE
(10) CENTRAL INDIANA YOUTH FOR CHRIST P.O. BOX 68695 INDIANAPOLIS, IN 46268	350992753	501(C)(3) PUBLI	30,000.				GENERAL OPERATING FU
(11) CHALKBEAT, INC. 1250 BROADWAY NEW YORK, NY 10001	900915846	501(C)(3) PUBLI	20,000.				CHALKBEAT INDIANA'S
(12) CHAUCIE'S PLACE 4607 E. 106TH ST. CARMEL, IN 46033	352072683	501(C)(3) PUBLI	35,500.				CHARITABLE CONTRIBUT

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(1) CHEETAH CONSERVATION FUND P.O. BOX 2496 ALEXANDRIA, VA 22301-0496	311726923	501(C)(3) PUBLI	10,000.				GENERAL OPERATING SU
(2) CHICAGO ALLIANCE AGAINST SEXUAL EXPLOITATIO 307 N. MICHIGAN AVE. CHICAGO, IL 60601	260220074	501(C)(3) PUBLI	150,000.				PREVENTION PROGRAMMI
(3) CHICAGO HISTORY MUSEUM 1601 N. CLARK ST. CHICAGO, IL 60614-6038	204982186	501(C)(3) PUBLI	30,000.				FASHIONEXT TEEN PROG
(4) CHICAGO PUBLIC MEDIA 848 E. GRAND AVE. CHICAGO, IL 60611-3509	363687394	501(C)(3) PUBLI	36,400.				ANNUAL FUND SUPPORT
(5) CHILDREN IN THE SON P.O. BOX 99063 RALEIGH, NC 27624	571103876	501(C)(3) PUBLI	7,200.				GENERAL OPERATING SU
(6) CHRISTEL HOUSE, INTERNATIONAL 10 W. MARKET ST.	352051932	501(C)(3) PUBLI	10,000.				CHRISTEL HOUSE ACADE
(7) CICOA AGING & IN-HOME SOLUTIONS 4755 KINGSWAY DR. INDIANAPOLIS, IN 46205	351310387	501(C)(3) PUBLI	40,000.				GENERAL OPERATING SU
(8) CLASSICAL MUSIC INDY 1630 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	237002448	501(C)(3) PUBLI	25,000.				SENIOR ENGAGEMENT CO
(9) COLUMBIA COLLEGE CHICAGO 600 S. MICHIGAN AVE. CHICAGO, IL 60605	366112087	501(C)(3) PUBLI	18,000.				INTERNATIONAL EXCHAN
(10) COMMUNITY HARVEST FOOD BANK OF NORTHEAST IN 999 E. TILLMAN RD. FORT WAYNE, IN 46816	311100607	501(C)(3) PUBLI	7,500.				SENIOR HUNGER RELIEF
(11) COMMUNITY HEALTH NETWORK FOUNDATION 7240 SHADELAND STATION	510181688	501(C)(3) PUBLI	143,200.				COMMUNITY HOSPITAL O
(12) COMMUNITY HOME HEALTH SERVICES 9894 E. 121ST ST. FISHERS, IN 46037	350953467	501(C)(3) PUBLI	13,354.				GENERAL OPERATING SU

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(1) COMMUNITY KITCHEN OF MONROE COUNTY 1515 S. ROGERS ST. BLOOMINGTON, IN 47403	311101408	501(C)(3) PUBLI	7,500.				SUMMER FOOD SERVICE
(2) CONCORD NEIGHBORHOOD CENTER 1310 S. MERIDIAN ST. INDIANAPOLIS, IN 46225	350817149	501(C)(3) PUBLI	118,972.				THE KID IN ALL OF US
(3) CONNECT2HELP 3901 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	311216792	501(C)(3) PUBLI	41,000.				CHARITABLE CONTRIBUT
(4) CONNECTIONS MINISTRY 5440 PORT HUDSON DR. BATON ROUGE, LA 70817	204778410	501(C)(3) PUBLI	20,000.				GARDERE YOUTH ALLIAN
(5) CRAWFORD COUNTY HISTORICAL AND GENEALOGICAL P.O. BOX 162 LEAVENWORTH, IN 47137	351816825	501(C)(3) PUBLI	10,000.				WILLIAM PROCTOR HOUS
(6) CRISIS PREGNANCY CENTER OF TIDEWATER, INC. 1100 MADISON PLAZA CHESAPEAKE, VA 23320	541267311	501(C)(3) PUBLI	18,000.				GENERAL FUND
(7) CROSSROADS OF AMERICA COUNCIL/BOY SCOUTS OF 7125 FALL CREEK RD. N.	350867962	501(C)(3) PUBLI	6,000.				FRIENDS OF SCOUTING
(8) CROSSWORLD 10000 N. OAK TRAFFIC WAY	231352564	501(C)(3) PUBLI	9,800.				PROJECT #34459 SUPPO
(9) CRU 100 LAKE HART DR. #2400 ORLANDO, FL 32832	956006173	501(C)(3) PUBLI	37,600.				PROJECT #0437021 AND
(10) DANCE KALEIDOSCOPE 4603 CLARENDON RD. INDIANAPOLIS, IN 46208	310896177	501(C)(3) PUBLI	34,696.				CHARITABLE CONTRIBUT
(11) DARE TO CARE FOOD BANK 5803 FERN VALLEY RD. LOUISVILLE, KY 40228	237345952	501(C)(3) PUBLI	7,500.				FEEDING FAMILIES IN
(12) DAVINCI PURSUIT 826 N GRAHAM AVE. INDIANAPOLIS, IN 46219	271317762	501(C)(3) PUBLI	12,000.				BIOBLITZ PROJECT

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(1) DAYSPRING CENTER, INC. 1537 N. CENTRAL AVE.	351618998	501(C)(3) PUBLI	9,551.				CHARITABLE CONTRIBUT
(2) DENTAL LIFELINE NETWORK INDIANA 6110 TECHNOLOGY CENTER DR.	846129064	501(C)(3) PUBLI	10,000.				INDIANA DONATED DENT
(3) DEPARTMENT OF PUBLIC WORDS 2605 E. 25TH ST. INDIANAPOLIS, IN 46218	464448113	501(C)(3) PUBLI	10,000.				COMMUNITY ART MURAL
(4) DEPAUW UNIVERSITY 300 E. SEMINARY ST. GREENCASTLE, IN 46135	350869045	501(C)(3) PUBLI	13,500.				3 SUMMER ART INTERNS
(5) DOVE RECOVERY HOUSE FOR WOMEN 14 N. HIGHLAND AVE. INDIANAPOLIS, IN 46202	352120680	501(C)(3) PUBLI	13,000.				HOUSING/SERVICES FOR
(6) DRESS FOR SUCCESS INDIANAPOLIS, INC. 820 N. MERIDIAN ST. INDIANAPOLIS, IN 46204	352078412	501(C)(3) PUBLI	55,000.				SUPPORT FOR WORKS
(7) EAGLE CHURCH P.O. BOX 254 ZIONSVILLE, IN 46077	351952000	501(C)(3) PUBLI	35,000.				AS NEEDED; GENERAL F
(8) EARLY LEARNING INDIANA 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350888763	501(C)(3) PUBLI	250,182.				2016 DISTRIBUTION
(9) EARTH CHARTER INDIANA, INC. 1100 W 42ND ST. INDIANAPOLIS, IN 46208	161673591	501(C)(3) PUBLI	6,000.				GENERAL OPERATING
(10) EAST 10TH UNITED METHODIST CHILDREN & YOUTH 2327 E. 10TH ST. INDIANAPOLIS, IN 46201	351976975	RELIGIOUS ORGAN	10,000.				DAY CARE SERVICES
(11) EASTERN SHORE CHAPEL EPISCOPAL CHURCH 2020 LASKIN RD. VIRGINIA BEACH, VA 23454	540619621	RELIGIOUS ORGAN	7,500.				FOOD PANTRY
(12) EDGE MENTORING INC. 1075 BROAD RIPPLE AVE.	475092582	501(C)(3) PUBLI	10,000.				EDGE MENTORING GROUP

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(1) EDUCATION ELEVATED 225 BEACON HILL DR. LAFAYETTE, CO 80026	261438355	501(C)(3) PUBLI	20,668.				CHYANGBA SCHOOL PROJ
(2) EFROYMSON CONTEMPORARY ARTS FELLOWSHIP 7332 OAKLAND ST DETROIT, MI 48211	351793680	501(C)(3) PUBLI	125,000.				SCOTT HOCKING
(3) EITELJORG MUSEUM OF AMERICAN INDIANS AND WE 500 W. WASHINGTON ST.	311139447	501(C)(3) PUBLI	125,250.				UNDER THE SAILS PROG
(4) EMPLOYINDY PNC CENTER SOUTH INDIANAPOLIS, IN 46204	351569069	501(C)(3) PUBLI	50,000.				FAR EASTSIDE ENGAGEM
(5) ENGLEWOOD COMMUNITY DEVELOPMENT CORPORATION 57 N. RURAL ST. INDIANAPOLIS, IN 46201	352003744	501(C)(3) PUBLI	50,105.				CAT HEAD PRESS
(6) EPISCOPAL DIOCESE OF CHICAGO ST. JAMES COMMONS CHICAGO, IL 60611	237075487	501(C)(3) PUBLI	13,000.				BISHOP'S APPEAL SUPP
(7) EPISCOPAL SERVICE CORPS 65 E. HURON CHICAGO, IL 60611	237075487	501(C)(3) PUBLI	10,000.				GENERAL OPERATING SU
(8) ESKENAZI HEALTH FOUNDATION 720 ESKENAZI AVENUE INDIANAPOLIS, IN 46202	311132066	501(C)(3) PUBLI	126,900.				ESKENAZI HEALTH SENI
(9) EVANSVILLE MUSEUM OF ARTS, HISTORY AND SCIE 411 E. RIVERSIDE DR.	350874517	501(C)(3) PUBLI	8,000.				58TH MID-STATES ART
(10) EXODUS PLACE 322 FRONT AVE. SW GRAND RAPIDS, MI 49504	270526744	501(C)(3) PUBLI	7,500.				DONATION VEHICLES FO
(11) EXODUS REFUGEE/IMMIGRATION, INC. 1125 BROOKSIDE AVE. INDIANAPOLIS, IN 46202	351900090	501(C)(3) PUBLI	36,000.				OFFICE MOVE/BUILD OU
(12) EYE ON INDIA 225 N. COLUMBUS DR. CHICAGO, IL 60601	454906347	501(C)(3) PUBLI	10,000.				2016 EYE ON INDIA FE

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(1) FALL CREEK GARDENS P.O. BOX 88321 INDIANAPOLIS, IN 46208	453783052	501(C)(3) PUBLI	25,000.				GENERAL OPERATING AN
(2) FAMILIES FIRST INDIANA, INC. 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350877572	501(C)(3) PUBLI	25,000.				VISTAS PROGRAM FOR O
(3) FAMILY PROMISE OF GREATER INDIANAPOLIS 1850 N. ARSENAL AVE.	351909912	501(C)(3) PUBLI	30,000.				CHARITABLE CONTRIBUT
(4) FAY BICCARD GLICK NEIGHBORHOOD CENTER AT CR 2990 W. 71ST ST. INDIANAPOLIS, IN 46268	351738809	501(C)(3) PUBLI	7,500.				DYNAMIC EATING AND L
(5) FEDERATED CHURCH 2400 SYCAMORE LN. WEST LAFAYETTE, IN 47906	356035897	501(C)(3) PUBLI	10,000.				HEADS UP PROGRAM
(6) FESTIVAL MUSIC SOCIETY OF INDIANA 3646 BAY RD S. DR. INDIANAPOLIS, IN 46240	356068649	501(C)(3) PUBLI	94,567.				2016 DISTRIBUTION
(7) FINDING HOPE HONDURAS 1733 HEAD OF RIVER RD. CHESAPEAKE, VA 23322	611769830	501(C)(3) PUBLI	10,000.				GENERAL FUND
(8) FIRST PRESBYTERIAN CHURCH P.O. BOX 2168 BONITA SPRINGS, FL 34133	591622501	RELIGIOUS ORGAN	18,000.				GENERAL FUND
(9) FLANNER HOUSE OF INDIANAPOLIS, INC. 2424 DR. MARTIN LUTHER KING JR. ST.	350942628	501(C)(3) PUBLI	45,000.				SENIOR'S GARDENING H
(10) FOOD BANK OF NORTHERN INDIANA 702 S. CHAPIN ST. SOUTH BEND, IN 46601	351898055	501(C)(3) PUBLI	7,500.				SENIOR NUTRITION PRO
(11) FOOD BANK OF SOUTHEASTERN VIRGINIA & THE EA 800 TIDEWATER DR. NORFOLK, VA 23504	521219783	501(C)(3) PUBLI	7,500.				THE MOBILE PANTRY PR
(12) FOOD FINDERS FOOD BANK INC. 50 OLYMPIA CT. LAFAYETTE, IN 47909-5182	311020198	501(C)(3) PUBLI	10,000.				2017 SUMMER FOOD SER

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(1) FOUNTAINS OF HOPE INTERNATIONAL 10409 HOLIDAY DR CARMEL, IN 46032	270503531	501(C)(3) PUBLI	5,690.				CHARITABLE CONTRIBUT
(2) FRANKLIN COMMUNITY SCHOOLS 998 GRIZZLY CLUB DR. FRANKLIN, IN 46131	351079238	EDUCATIONAL ORG	7,500.				SCHOOLS OUT, POWER U
(3) FRANKLIN UNITED METHODIST COMMUNITY 1070 W. JEFFERSON ST. FRANKLIN, IN 46131	350988712	501(C)(3) PUBLI	9,149.				GENERAL OPERATING SU
(4) FREE METHODIST WORLD MISSIONS 770 N. HIGH SCHOOL RD.	350877568	501(C)(3) PUBLI	6,050.				CSAGREECE/WCS403
(5) FREE THE CHILDREN 405 W. SUPERIOR ST. CHICAGO, IL 60654	161533544	501(C)(3) PUBLI	25,000.				WE DAY ILLINOIS AND
(6) FRIENDS OF GARFIELD PARK, INC. P.O. BOX 33002 INDIANAPOLIS, IN 46203	352066980	501(C)(3) PUBLI	125,000.				GARFIELD ALIVE...CON
(7) FUND FOR HOOSIER EXCELLENCE, INC. P.O. BOX 97 INDIANAPOLIS, IN 46206	351579672	501(C)(3) PUBLI	25,000.				SCHOLARSHIP SUPPORT
(8) GARRETT EVANGELICAL THEOLOGICAL SEMINARY 2121 SHERIDAN RD. EVANSTON, IL 60201	362167085	501(C)(3) PUBLI	6,099.				GENERAL OPERATING
(9) GENE B. GLICK FAMILY HOUSING FOUNDATION, IN 8801 RIVER CROSSING BLVD., STE 200	201698926	501(C)(3) PUBLI	1,245,376.				CARRIAGE HOUSE EAST
(10) GENNESARET FREE CLINIC 615 N. ALABAMA ST.	351776518	501(C)(3) PUBLI	62,500.				SENIOR DENTAL AND WE
(11) GIRL SCOUTS OF CENTRAL INDIANA, INC. 2611 WATERFRONT PARKWAY E. DR.	350876381	501(C)(3) PUBLI	52,733.				CHARITABLE CONTRIBUT
(12) GIRLS INCORPORATED OF JOHNSON COUNTY 200 E. MADISON ST. FRANKLIN, IN 46131	310901598	501(C)(3) PUBLI	30,000.				OPERATING SUPPORT

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

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**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) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE.	351483868	501(C)(3) PUBLI	31,897.				CHARITABLE CONTRIBUT
(2) GOD'S PANTRY FOOD BANK, INC. 1685 JAGGIE FOX WAY LEXINGTON, KY 40511	310979404	501(C)(3) PUBLI	5,400.				FAYETTE COUNTY PANTR
(3) GOODMAN THEATRE 170 N. DEARBORN ST. CHICAGO, IL 60601	362896025	501(C)(3) PUBLI	85,000.				2016 EDUCATION AND C
(4) GOODWILL INDUSTRIES OF CENTRAL INDIANA, INC 1635 W. MICHIGAN ST.	350893506	501(C)(3) PUBLI	97,000.				NURSE-FAMILY PARTNER
(5) GREAT AMERICAN SONGBOOK FOUNDATION ONE CENTER GREEN CARMEL, IN 46032	260620716	501(C)(3) PUBLI	75,000.				2016 SONGBOOK ACADEM
(6) GREATER INDIANAPOLIS CHAMBER OF COMMERCE FO 111 MONUMENT CIR. INDIANAPOLIS, IN 46204	356017715	501(C)(3) PUBLI	10,000.				TRANSIT DRIVES INDY
(7) GREATER INDIANAPOLIS PROGRESS COMMITTEE 200 E. WASHINGTON ST.	351109966	501(C)(3) PUBLI	57,500.				TO SUPPORT A NEW PUB
(8) GROUNDWORK INDY 1107 BURDSAL PKWY INDIANAPOLIS, IN 46208	473863928	501(C)(3) PUBLI	72,476.				CANAL WATERWAY PROJE
(9) HABITAT FOR HUMANITY OF GREATER INDIANAPOLI 3135 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351715910	501(C)(3) PUBLI	100,000.				VETERAN'S BUILD
(10) HANCOCK COUNTY SENIOR SERVICES, INC. 312 E. MAIN ST. GREENFIELD, IN 46140	310936007	501(C)(3) PUBLI	20,000.				EXTENDED HOMEMAKER S
(11) HAND IN HAND USA 710 ST. JOSEPH S. DR. OAK BROOK, IL 60523	371420403	501(C)(3) PUBLI	10,000.				GENERAL OPERATING SU
(12) HARRISON CENTER FOR THE ARTS, INC. 1505 NORTH DELAWARE INDIANAPOLIS, IN 46202	010798626	501(C)(3) PUBLI	40,750.				2016 PROGRAM SUPPORT

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(1) HARVEST MISSIONARY BAPTIST CHURCH 1914 S. AVON AVE. AVON, IN 46123	351984626	RELIGIOUS ORGAN	5,651.				CHARITABLE CONTRIBUT
(2) HAWTHORNE COMMUNITY CENTER 2440 W. OHIO ST. INDIANAPOLIS, IN 46222	350874274	501(C)(3) PUBLI	8,000.				HAWTHORNE SENIOR PRO
(3) HAWTHORNE COMMUNITY CENTER 2440 W. OHIO ST. INDIANAPOLIS, IN 46222	350874274	501(C)(3) PUBLI	33,000.				HAWTHORNE SENIOR PRO
(4) HEALTHNET, INC. 3403 E. RAYMOND ST. INDIANAPOLIS, IN 46203	351579827	501(C)(3) PUBLI	87,400.				COORDINATED ENTRY SY
(5) HEALTHY CHESAPEAKE 748 BATTLEFIELD BLVD.	541735279	501(C)(3) PUBLI	7,500.				ON-SITE GARDEN AND A
(6) HEART CHANGE MINISTRIES 1060 W. 106TH ST. CARMEL, IN 46032	010877614	501(C)(3) PUBLI	15,500.				CHARITABLE CONTRIBUT
(7) HEARTLAND FILM INC. 1043 VIRGINIA AVE INDIANAPOLIS, IN 46203	351832797	501(C)(3) PUBLI	107,500.				HEARTLAND FILM'S ANN
(8) HEARTLAND HERITAGE, INC. P.O. BOX 22 DELPHI, IN 46923	461939478	501(C)(3) PUBLI	10,000.				STABILIZATION OF SCH
(9) HELPING HIS HANDS FOOD PANTRY 1107 MAIN ST. VINCENNES, IN 47591	461634728	501(C)(3) PUBLI	7,500.				FOOD AND MAINTENANCE
(10) HERITAGE FUND OF BARTHOLOMEW COUNTY 538 FRANKLIN ST. COLUMBUS, IN 47202-1547	351343903	501(C)(3) PUBLI	100,000.				EXHIBIT COLUMBUS/201
(11) HOOSIER ENVIRONMENTAL COUNCIL 3951 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351576694	501(C)(3) PUBLI	71,000.				GENERAL OPERATING SU
(12) HOOSIER SALON PATRONS ASSOCIATION 711 E. 65TH ST. INDIANAPOLIS, IN 46220	350393284	501(C)(3) PUBLI	15,000.				FIRST BRUSH OF SPRIN

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(1) HOPE HEALTHCARE SERVICES 107 PARK PLACE BOULEVARD AVON, IN 46123	830404310	501(C)(3) PUBLI	14,500.				MEDICAL SUPPLIES
(2) HORIZON HOUSE 1033 E. WASHINGTON ST.	351759503	501(C)(3) PUBLI	5,750.				CHARITABLE CONTRIBUT
(3) HORIZON HOUSE, INC. 1033 E. WASHINGTON ST.	351759503	501(C)(3) PUBLI	20,000.				SENIOR NEIGHBOR SERV
(4) HOWARD COUNTY HISTORICAL SOCIETY, INC. 1200 W. SYCAMORE ST. KOKOMO, IN 46901	237169240	501(C)(3) PUBLI	10,000.				SEIBERLING MANSION
(5) ILLINOIS VALLEY ANIMAL RESCUE P.O. BOX 284 PERU, IL 61354	364301632	501(C)(3) PUBLI	15,000.				CHARITABLE CONTRIBUT
(6) IMMIGRANT WELCOME CENTER C/O SOUTHEAST COMMUNITY SERVICES	203222424	501(C)(3) PUBLI	93,455.				2016 DISTRIBUTION
(7) INDIANA 211 PARTNERSHIP, INC. 3901 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	352141347	501(C)(3) PUBLI	15,000.				2017 ADVOCACY EFFORT
(8) INDIANA ASSOCIATION FOR COMMUNITY ECONOMIC 202 E. MARKET ST. INDIANAPOLIS, IN 46204	351695379	501(C)(3) PUBLI	30,000.				INTEGRATING FINANCI
(9) INDIANA BLACK EXPO, INC. 3145 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351406245	501(C)(3) PUBLI	15,000.				YOUTH TRANSPORT TO E
(10) INDIANA COMMUNITY ACTION ASSOCIATION 1845 W. 18TH ST. INDIANAPOLIS, IN 46202	351267319	501(C)(3) PUBLI	55,000.				HELPING HOOSIER FAMI
(11) INDIANA DEPARTMENT OF ADMINISTRATION INDIANA GOVERNMENT CENTER S.	356000158	PUBLIC AGENCY	794,469.				2016 DISTRIBUTION
(12) INDIANA FOREST ALLIANCE P.O. BOX 1074 BLOOMINGTON, IN 47402	352059195	501(C)(3) PUBLI	106,000.				TO FUND RESEARCH FOR

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**Grants and Other Assistance to Organizations,
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(1) INDIANA HUMANITIES 1500 N. DELAWARE ST.	351344382	501(C)(3) PUBLI	64,500.				INDIANA CAMPFIRE SER
(2) INDIANA LANDMARKS 1201 CENTRAL AVE. INDIANAPOLIS, IN 46202	351162873	501(C)(3) PUBLI	465,000.				POWELL CHAPEL IN OAK
(3) INDIANA REPERTORY THEATRE, INC. 140 W. WASHINGTON ST.	351186290	501(C)(3) PUBLI	183,551.				2015/2016 ANNUAL CAM
(4) INDIANA SPORTS CORPORATION 201 S. CAPITOL AVE.	310975117	501(C)(3) PUBLI	11,262.				2016 DISTRIBUTION
(5) INDIANA UNIVERSITY FOUNDATION 301 UNIVERSITY BLVD. INDIANAPOLIS, IN 46202	356018940	501(C)(3) PUBLI	1,935,724.				PEDIATRIC SURGERY RE
(6) INDIANA YOUTH GROUP, INC. P.O. BOX 20716 INDIANAPOLIS, IN 46220	351760451	501(C)(3) PUBLI	87,000.				TO HONOR EIBHLIN EWA
(7) INDIANAPOLIS ART CENTER 820 E. 67TH ST. INDIANAPOLIS, IN 46220	351088735	501(C)(3) PUBLI	196,676.				2016 DISTRIBUTION
(8) INDIANAPOLIS CHAMBER ORCHESTRA 4603 CLARENDON RD. INDIANAPOLIS, IN 46208	311132072	501(C)(3) PUBLI	85,077.				2016 DISTRIBUTION
(9) INDIANAPOLIS CHILDREN'S CHOIR 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	351690755	501(C)(3) PUBLI	10,000.				GENERAL OPERATING SU
(10) INDIANAPOLIS COLTS FOUNDATION 7001 W. 56TH ST.	371451195	501(C)(3) PUBLI	25,000.				2016 CHUCKSTRONG TAI
(11) INDIANAPOLIS CONGREGATION ACTION NETWORK 337 N. WARMAN AVE. INDIANAPOLIS, IN 46222	452349567	RELIGIOUS ORGAN	10,000.				TICKET TO OPPORTUNIT
(12) INDIANAPOLIS FIRST FREE METHODIST CHURCH 2024 E. 12TH ST. INDIANAPOLIS, IN 46201	351556304	501(C)(3) PUBLI	7,000.				COMMUNITY GARDENS

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Schedule I (Form 990) (2016)

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(1) INDIANAPOLIS JAZZ FOUNDATION P.O. BOX 20857 INDIANAPOLIS, IN 46220	351991319	501(C)(3) PUBLI	10,000.				TRIOLOGY PROJECT
(2) INDIANAPOLIS JUNIOR TENNIS DEVELOPMENT FUND 8391 N. ILLINOIS ST.	237361641	501(C)(3) PUBLI	11,000.				DOTTIE MEYER JUNIOR
(3) INDIANAPOLIS LEGAL AID SOCIETY, INC. 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	351045153	501(C)(3) PUBLI	8,000.				GENERAL OPERATING
(4) INDIANAPOLIS MUSEUM OF ART 4000 N. MICHIGAN RD.	350867955	501(C)(3) PUBLI	24,849.				PURCHASE OF SCIENCE
(5) INDIANAPOLIS MUSEUM OF CONTEMPORARY ART 1043 VIRGINIA AVE. INDIANAPOLIS, IN 46203	352155600	501(C)(3) PUBLI	37,500.				HAPPINESS SIGN INSTA
(6) INDIANAPOLIS PARKS FOUNDATION 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	351860468	501(C)(3) PUBLI	60,500.				EVERYONE SWIMS
(7) INDIANAPOLIS PUBLIC SCHOOLS 120 E. WALNUT ST. INDIANAPOLIS, IN 46204	356002486	EDUCATIONAL ORG	175,000.				PRESCHOOL PROGRAM AT
(8) INDIANAPOLIS SCHOOL OF BALLET 502 N. CAPITOL AVE. INDIANAPOLIS, IN 46204	342066059	501(C)(3) PUBLI	9,011.				CHARITABLE CONTRIBUT
(9) INDIANAPOLIS SYMPHONY ORCHESTRA 32 E. WASHINGTON ST.	350998627	501(C)(3) PUBLI	550,449.				2015 & 2016 GIFTS
(10) INDY READS 40 E. ST. CLAIR ST. INDIANAPOLIS, IN 46204	311227489	501(C)(3) PUBLI	53,000.				EVENT EXPANSION
(11) INDYBAROQUE MUSIC, INC. 401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	352107488	501(C)(3) PUBLI	5,936.				2016 DISTRIBUTION
(12) INSTITUTE FOR AFFORDABLE TRANSPORTATION 5868 E. 71ST. ST. INDIANAPOLIS, IN 46220	352133517	501(C)(3) PUBLI	6,000.				GENERAL OPERATING

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(1) INTER PARISH MINISTRY 3509 DEBOLT RD. NEWTOWN, OH 45244	237451134	501(C)(3) PUBLI	7,500.				FEED AND EQUIP FAMIL
(2) INTERCESSION GROUP, INC. 1037 MARINER DR. WARSAW, IN 46582	451607122	501(C)(3) PUBLI	36,000.				GENERAL OPERATING SU
(3) INTERNATIONAL CRYPTOZOOLOGY MUSEUM 11 AVON ST. PORTLAND, ME 04101	453598429	501(C)(3) PUBLI	17,000.				SCULPTURE, MOVING &
(4) IRVINGTON PRESBYTERIAN CHURCH 55 JOHNSON AVE. INDIANAPOLIS, IN 46219	350868021	501(C)(3) PUBLI	25,019.				2016 DISTRIBUTION
(5) IU DELTA CHI CHARITIES 1400 N. JORDAN BLOOMINGTON, IN 47406	271184426	501(C)(3) PUBLI	8,000.				JIMMY V FOUNDATION
(6) IVY TECH FOUNDATION 50 W. FALL CREEK PKWY. N. DR.	237073977	501(C)(3) PUBLI	15,000.				BUSTED KNUCKLES SCHO
(7) JAMESON, INC. 2001 BRIDGEPORT RD. INDIANAPOLIS, IN 46231	351156756	501(C)(3) PUBLI	19,350.				2016 RESIDENTIAL SUM
(8) JEWISH COMMUNITY CENTER 6701 HOOVER RD. INDIANAPOLIS, IN 46260	237099138	501(C)(3) PUBLI	7,100.				TAKING ISRAEL
(9) JEWISH FEDERATION OF GREATER INDIANAPOLIS 6705 HOOVER RD. INDIANAPOLIS, IN 46260-4120	350888017	501(C)(3) PUBLI	107,500.				ANNUAL CAMPAIGN SUPP
(10) JOHN H. BONER COMMUNITY CENTER 2236 E. 10TH ST.	237204495	501(C)(3) PUBLI	122,000.				40 UNDER 40 GRANT
(11) JOHN P. CRAINE HOUSE, INC. 6130 N. MICHIGAN RD INDIANAPOLIS, IN 46228	351021203	501(C)(3) PUBLI	52,000.				CHARITABLE CONTRIBUT
(12) JOHNSON COUNTY SENIOR SERVICES 731 S. STATE ST. FRANKLIN, IN 46131	351474817	501(C)(3) PUBLI	7,500.				GOING THE EXTRA MILE

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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 noncash assistance	(h) Purpose of grant or assistance
(1) JOSEPH MALEY FOUNDATION P.O. BOX 681010 INDIANAPOLIS, IN 46268	263153750	501(C)(3) PUBLI	20,000.				PURCHASE OF JOGGERS
(2) JUVENILE DIABETES RESEARCH FOUNDATION-IN CH 10401 N. MERIDIAN ST.	231907729	501(C)(3) PUBLI	5,175.				2016 FIND A CURE
(3) KEEP INDIANAPOLIS BEAUTIFUL, INC. 1029 FLETCHER AVE. INDIANAPOLIS, IN 46203	311005792	501(C)(3) PUBLI	135,250.				HABITAT RESTORATION
(4) KOSCIUSKO COMMUNITY YMCA 1305 MARINERS DR. WARSAW, IN 46582	351068182	501(C)(3) PUBLI	23,928.				OFFICE OF CHRISTIAN
(5) KURT VONNEGUT MEMORIAL LIBRARY THE EMELIE BLDG. INDIANAPOLIS, IN 46204	270825749	501(C)(3) PUBLI	35,000.				SO IT GROWS: ENHANCI
(6) LA PLAZA, INC. 8902 E. 38TH ST. INDIANAPOLIS, IN 46226	300029575	501(C)(3) PUBLI	65,087.				2016 ILSF CELEBRATIO
(7) LITTLE RED DOOR CANCER AGENCY 1801 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	350914096	501(C)(3) PUBLI	77,000.				RIDES OF HOPE CISF
(8) LOCAL INITIATIVES SUPPORT CORPORATION 202 E. MARKET ST. INDIANAPOLIS, IN 46204	133030229	501(C)(3) PUBLI	55,000.				GREAT PLACES
(9) LOCAL OFFICE ON AGING 706 CAMPBELL AVE, SW ROANOKE, VA 24016	540916248	501(C)(3) PUBLI	7,500.				LOA MEALS ON WHEELS
(10) LOCKPORT MENNONITE CHURCH 9269 COUNTY RD. 21 N STRYKER, OH 43557	341096720	RELIGIOUS ORGAN	7,900.				CHARITABLE CONTRIBUT
(11) LOST CREEK GROVE RESTORATION & PRESERVATION P.O. BOX 3507 TERRE HAUTE, IN 47803	320130405	501(C)(3) PUBLI	10,000.				LAWN CARE & MAINTENA
(12) MANNERS OF THE HEART 763 N. BOULEVARD BATON ROUGE, LA 70802	680531760	501(C)(3) PUBLI	20,000.				GENERAL OPERATING

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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**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) MAPLETON-FALL CREEK DEVELOPMENT CORPORATION 130 E. 30TH ST. INDIANAPOLIS, IN 46205	351654999	501(C)(3) PUBLI	82,750.				FALL CREEK WATERWAY
(2) MARIAN UNIVERSITY 3200 COLD SPRING RD.	350868175	501(C)(3) PUBLI	50,000.				GENERAL OPERATING SU
(3) MARWEN FOUNDATION, INC. 833 N. ORLEANS CHICAGO, IL 60610	363523622	501(C)(3) PUBLI	10,000.				GENERAL OPERATING SU
(4) MARY RIGG NEIGHBORHOOD CENTER 1920 W. MORRIS ST. INDIANAPOLIS, IN 46221	350868954	501(C)(3) PUBLI	40,000.				EXPANSION OF POWER S
(5) MCCURDY SCHOOLS OF NORTHERN NEW MEXICO, INC 261 S. MCCURDY RD. ESPANOLA, NM 87532	850127907	501(C)(3) PUBLI	9,149.				GENERAL OPERATING
(6) MEALS ON WHEELS OF HAMILTON COUNTY 395 WESTFIELD RD.	351344488	501(C)(3) PUBLI	20,500.				CHARITABLE CONTRIBUT
(7) MEALS ON WHEELS OF HANCOCK COUNTY 1133 W. MAIN ST. GREENFIELD, IN 46140	352117913	501(C)(3) PUBLI	7,500.				ENDING HUNGER, ONE M
(8) MILLIGAN COLLEGE INSTITUTIONAL ADVANCEMENT	620535755	501(C)(3) PUBLI	35,000.				MILLIGAN FUND & EMMA
(9) MORNING DOVE THERAPEUTIC RIDING, INC. P.O. BOX 721 ZIONSVILLE, IN 46077	352056736	501(C)(3) PUBLI	22,240.				INSTRUCTOR CERTIFICA
(10) MUSEUM OF CONTEMPORARY ART 220 E. CHICAGO AVE. CHICAGO, IL 60611	366154098	501(C)(3) PUBLI	25,000.				ANNUAL FUND SUPPORT
(11) MUSEUM OF CONTEMPORARY PHOTOGRAPHY AT COLUM COLUMBIA COLLEGE CHICAGO CHICAGO, IL 60605	366112087	501(C)(3) PUBLI	25,000.				MOCP'S 2016-2017 EXH
(12) MUSICAL FAMILY TREE 6219 GUILFORD AVE. INDIANAPOLIS, IN 46220	455498823	501(C)(3) PUBLI	7,500.				AMPLIFY PILOT PROGRA

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Department of the Treasury
Internal Revenue Service

Name of the organization

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(1) NATIONAL CHRISTIAN FOUNDATION INDIANA 70 E 91ST. INDIANAPOLIS, IN 46240	581493949	501(C)(3) PUBLI	20,000.				THE ADMINISTRATION F
(2) NEIGHBORLINK INDIANAPOLIS 5500 N MERIDIAN ST. INDIANAPOLIS, IN 46208	463002445	501(C)(3) PUBLI	20,000.				HOME REPAIR OPERATIN
(3) NEUROHOPE 901 SHELBY ST. INDIANAPOLIS, IN 46203	461842276	501(C)(3) PUBLI	36,000.				SUPPLEMENTARY PHYSIC
(4) NEW HARMONY ARTISTS GUILD P.O. BOX 27 NEW HARMONY, IN 47631	721462737	501(C)(3) PUBLI	18,670.				NEW HARMONY MUSIC FE
(5) NEW HARMONY PROJECT P.O. BOX 441062 INDIANAPOLIS, IN 46244-1062	351728624	501(C)(3) PUBLI	25,000.				2016 GENERAL OPERATI
(6) NEW TRIBES MISSION 1000 E. FIRST ST. SANFORD, FL 32771	396024926	501(C)(3) PUBLI	9,000.				PROJECT #202103
(7) NORTH MANCHESTER HISTORICAL SOCIETY, INC P.O. BOX 361 NORTH MANCHESTER, IN 46962	351434591	501(C)(3) PUBLI	10,000.				OPPENHEIMS BUILDING
(8) OASIS INDIANAPOLIS 10800 E. WASHINGTON ST.	431830354	501(C)(3) PUBLI	25,000.				EXPLORING NEW WAYS T
(9) ONE ACCORD INC., KIDS ALLEY P.O. BOX 594 AUDUBON, NJ 08106	223636813	501(C)(3) PUBLI	48,000.				KIDS ALLEY PROGRAM S
(10) OPEN STUDIO PROJECT 903 SHERMAN AVE. EVANSTON, IL 60202	363894275	501(C)(3) PUBLI	17,410.				GENERAL OPERATING SU
(11) OPENLANDS PROJECT 25 E. WASHINGTON ST. CHICAGO, IL 60602	362649603	501(C)(3) PUBLI	10,000.				GENERAL OPERATING FU
(12) PARK TUDOR SCHOOL 7200 N. COLLEGE AVE. INDIANAPOLIS, IN 46240	350909976	501(C)(3) PUBLI	86,000.				ANNUAL FUND

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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35-1793680

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(1) PARK TUDOR YOUNG LIFE 4631 LISBORN DR. CARMEL, IN 46033	840385934	501(C)(3) PUBLI	24,800.				CHARITABLE CONTRIBUT
(2) PARTNERS IN HOUSING 2811 E. 10TH ST. INDIANAPOLIS, IN 46201	351917637	501(C)(3) PUBLI	6,500.				SUPPORT SERVICES PRO
(3) PARTNERSHIPS FOR LAWRENCE LAWRENCE ART CENTER INDIANAPOLIS, IN 46226	202486798	501(C)(3) PUBLI	50,000.				THEATER AT THE FORT
(4) PEACE LEARNING CENTER 6040 DELONG RD. INDIANAPOLIS, IN 46254	352067284	501(C)(3) PUBLI	25,500.				CHARITABLE CONTRIBUT
(5) PEOPLE FOR URBAN PROGRESS 1043 VIRGINIA AVE. INDIANAPOLIS, IN 46203	263733786	501(C)(3) PUBLI	10,000.				OUTPOST AT CIRCLE CE
(6) PERRY SENIOR CITIZENS SERVICES, INC. 6901 DERBYSHIRE RD. INDIANAPOLIS, IN 46227	351416248	501(C)(3) PUBLI	21,000.				KEEPING THEM CONNECT
(7) PHALEN LEADERSHIP ACADEMY-INDIANA INC. 2323 N. ILLINOIS ST. INDIANAPOLIS, IN 46208	364729586	501(C)(3) PUBLI	366,609.				TRANSFORM PLA@103
(8) PHOENIX THEATRE, INC. 749 N. PARK AVE. INDIANAPOLIS, IN 46202	311069575	501(C)(3) PUBLI	217,554.				2016 DISTRIBUTION
(9) PLANNED PARENTHOOD OF INDIANA AND KENTUCKY 200 S. MERIDIAN ST. INDIANAPOLIS, IN 46225	350874276	501(C)(3) PUBLI	152,893.				CHARITABLE CONTRIBUT
(10) PROACT COMMUNITY PARTNERSHIPS INC. 3401 N MERIDIAN ST INDIANAPOLIS, IN 46208	273951990	501(C)(3) PUBLI	25,000.				GENERAL OPERATING AN
(11) PROJECT HOME INDY PO BOX 683 INDIANAPOLIS, IN 46206	205045345	501(C)(3) PUBLI	6,000.				ALUMNI PROGRAM/THERA
(12) PROVIDENCE CRISTO REY HIGH SCHOOL 75 N. BELLEVIEW PL.	350868174	501(C)(3) PUBLI	45,000.				CORPORATE WORK STUDY

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(1) PURDUE FOUNDATION BEERING HALL OF LIBERAL ARTS & EDUCATION	351052049	501(C)(3) PUBLI	27,575.				GEAR UP PROGRAM
(2) PURDUE UNIVERSITY AG SPONSORED PROGRAM SERVICES, RM 108	356002041	501(C)(3) PUBLI	7,056.				DOUGLAS COLLIER
(3) QUEENS UNIVERSITY OF CHARLOTTE OFFICE OF ANNUAL GIVING CHARLOTTE, NC 28274	560530003	501(C)(3) PUBLI	19,571.				ANNUAL FUND
(4) REACH FOR YOUTH, INC. 3505 N. WASHINGTON BLVD.	237456842	501(C)(3) PUBLI	50,000.				ALTERNATIVE TO EXPUL
(5) RECYCLEFORCE 1125 BROOKSIDE AVE. INDIANAPOLIS, IN 46202	141892402	501(C)(3) PUBLI	20,000.				TRANSITIONAL JOB TRA
(6) RED BIRD MISSION 70 QUEENDALE CNTR. BEVERLY, KY 40913-9607	610674373	501(C)(3) PUBLI	9,149.				GENERAL OPERATING
(7) RENEW INDIANAPOLIS, INC. C/O THE PLATFORM INDIANAPOLIS, IN 46204	800619587	501(C)(3) PUBLI	20,000.				HOUSE LIFE PROJECT
(8) RICHMOND ART MUSEUM 350 HUB ETCHISON PKWY	356005040	501(C)(3) PUBLI	15,000.				GENERAL OPERATING SU
(9) RILEY AREA DEVELOPMENT CORPORATION 875 MASSACHUSETTS AVE.	310963438	501(C)(3) PUBLI	13,500.				MURAL OF MARI EVANS
(10) RILEY CHILDREN'S FOUNDATION 30 S. MERIDIAN ST.	350868147	501(C)(3) PUBLI	14,225.				FAMILIES WITH LEIGH'
(11) ROGERS PUBLISHING CORPORATION NFP 2147 S. LUMBER ST. CHICAGO, IL 60616-1859	811450701	501(C)(3) PUBLI	60,000.				ACADEMIC JOURNALS
(12) ROOSEVELT UNIVERSITY 430 S. MICHIGAN AVE. CHICAGO, IL 60605	362167854	501(C)(3) PUBLI	32,500.				BLACK MALE LEADERSHI

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(1) ROTARY DISTRICT 6560 FOUNDATION INC. P.O. BOX 412 BROWNSBURG, IN 46112	351993614	501(C)(3) PUBLI	10,000.				SOLAR PANEL ELECTRIC
(2) SCHOOL ON WHEELS 2605 E. 62ND ST. INDIANAPOLIS, IN 46220	352151003	501(C)(3) PUBLI	70,500.				GENERAL OPERATING SU
(3) SECOND HARVEST FOOD BANK OF EAST CENTRAL IN 6621 N. OLD SR 3 MUNCIE, IN 47303	311111795	501(C)(3) PUBLI	10,500.				MOBILE FOOD PANTRY
(4) SECOND HELPINGS, INC. THE EUGENE AND MARILYN GLICK CENTER	351484281	501(C)(3) PUBLI	163,200.				GENERAL OPERATING
(5) SERVANTS AT WORK (SAWS) 8811 ROBBINS RD INDIANAPOLIS, IN 46268	453825509	501(C)(3) PUBLI	26,000.				SAWS 2016/17 SENIOR
(6) SERVANT'S HEART OF INDY, INC. 5602 ELMWOOD AVE INDIANAPOLIS, IN 46203	200123553	501(C)(3) PUBLI	7,500.				BETTER NUTRITION ON
(7) SOAP FACTORY 514 SECOND ST. SE MINNEAPOLIS, MN 55414	411658987	501(C)(3) PUBLI	25,000.				EMERGING ARTIST RESI
(8) SOUTHEAST COMMUNITY SERVICES, INC. 901 S. SHELBY ST. INDIANAPOLIS, IN 46203	351318068	501(C)(3) PUBLI	11,500.				CENTER FOR WORKING F
(9) SPANISH WORLD MINISTRIES P.O. BOX 542 WINONA LAKE, IN 46590	351057536	501(C)(3) PUBLI	6,000.				GENERAL OPERATING SU
(10) ST. MARY'S CHILD CENTER 901 DR. MARTIN LUTHER KING JR. ST.	351141484	501(C)(3) PUBLI	16,500.				OPERATING SUPPORT
(11) ST. VINCENT FOUNDATION 8402 HARCOURT RD. INDIANAPOLIS, IN 46260	356088862	501(C)(3) PUBLI	34,550.				CAR ROOM AT PEYTON M
(12) STAND FOR CHILDREN LEADERSHIP CENTER 407 N FULTON ST INDIANAPOLIS, IN 46202	521957214	501(C)(3) PUBLI	25,000.				MAKING COMMUNITY ENG

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(1) STARFISH INITIATIVE 6958 HILLSDALE CT. INDIANAPOLIS, IN 46250	562442758	501(C)(3) PUBLI	15,000.				ARSENAL TECH CAREER
(2) STOPOVER, INC. 2236 E. 10TH ST.	351361111	501(C)(3) PUBLI	10,750.				CHARITABLE CONTRIBUT
(3) SUMMER ADVANTAGE USA 1630 N MERIDIAN ST. INDIANAPOLIS, IN 46202	263185485	501(C)(3) PUBLI	120,000.				SUMMER PROGRAM AT PL
(4) SUSAN G. KOMEN FOR THE CURE - CENTRAL INDIA 3500 DEPAUW BLVD. INDIANAPOLIS, IN 46268	752941627	501(C)(3) PUBLI	5,280.				CHARITABLE CONTRIBUT
(5) TEACH FOR AMERICA - INDIANAPOLIS 1314 N MERIDIAN ST. INDIANAPOLIS, IN 46202	133541913	501(C)(3) PUBLI	50,000.				EARLY CHILDHOOD EDUC
(6) TECHPOINT FOUNDATION FOR YOUTH DEVELOPERTOWN, STE. #150	352155455	501(C)(3) PUBLI	55,825.				2016 DISTRIBUTION
(7) TEENWORKS 2820 MERIDIAN ST. STE 103	462047309	501(C)(3) PUBLI	5,600.				TENWORKS FRIENDRAIS
(8) THE ART INSTITUTE OF CHICAGO 111 S. MICHIGAN AVE. CHICAGO, IL 60603-6404	362167725	501(C)(3) PUBLI	47,000.				MODERN SERIES II EXH
(9) THE CABARET 121 MONUMENT CIR. INDIANAPOLIS, IN 46204	311225154	501(C)(3) PUBLI	328,344.				2016 DISTRIBUTION
(10) THE CENTER FOR THE PERFORMING ARTS 355 W. CITY CENTER DR. CARMEL, IN 46032	203901164	501(C)(3) PUBLI	142,857.				GENERAL OPERATING FU
(11) THE CHILDREN'S MUSEUM OF INDIANAPOLIS 3000 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	350867985	501(C)(3) PUBLI	2,002,500.				SPORTS LEGENDS EXPER
(12) THE CHILDREN'S THERAPLAY FOUNDATION, INC. 9919 TOWNE RD. CARMEL, IN 46032	352121568	501(C)(3) PUBLI	20,000.				TRAINING AND FACILIT

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- 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 noncash assistance	(h) Purpose of grant or assistance
(1) THE CONSERVATION LAW CENTER 116 S. INDIANA AVE. BLOOMINGTON, IN 47408	202321854	501(C)(3) PUBLI	77,797.				FALL APPEAL CHALLENG
(2) THE FIELD MUSEUM 1400 S. LAKE SHORE DR.	362167011	501(C)(3) PUBLI	30,000.				CHAIRMAN'S CIRCLE SU
(3) THE FORTUNE ACADEMY 5626 LAWTON LOOP E. DR.	352148108	501(C)(3) PUBLI	24,000.				FORTUNE-DELAFIELD SC
(4) THE INDIANAPOLIS PUBLIC LIBRARY FOUNDATION, P.O. BOX 6134 INDIANAPOLIS, IN 46206-6134	237016089	501(C)(3) PUBLI	507,716.				ELEVATOR AT E. WASHI
(5) THE JULIAN CENTER, INC. 2011 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351346514	501(C)(3) PUBLI	69,601.				GENERAL OPERATING
(6) THE KITCHEN COMMUNITY 1980 8TH ST. BOULDER, CO 80302	275083595	501(C)(3) PUBLI	10,000.				THE LEARNING GARDENS
(7) THE LINTNER FOUNDATION INC. 9501 E. 300 S. ZIONSVILLE, IN 46077	462871322	501(C)(3) PUBLI	12,700.				CHARITABLE CONTRIBUT
(8) THE LUGAR CENTER 1717 RHODE ISLAND AVE NW	461706566	501(C)(3) PUBLI	50,000.				GENERAL OPERATING SU
(9) THE MIND TRUST 1630 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	204560286	501(C)(3) PUBLI	80,000.				PLA NETWORK AUDIT &
(10) THE NATURE CONSERVANCY IN INDIANA 620 E. OHIO ST. INDIANAPOLIS, IN 46202-2418	530242652	501(C)(3) PUBLI	42,806.				ENDOWMENT FUND SUPPO
(11) THE NAVIGATORS P.O. BOX 6000 COLORADO SPRINGS, CO 80934	846007896	501(C)(3) PUBLI	8,600.				CHARITABLE CONTRIBUT
(12) THE RENAISSANCE SOCIETY AT THE UNIVERSITY O 5811 S. ELLIS AVE. CHICAGO, IL 60637	366109822	501(C)(3) PUBLI	50,000.				NEW EXPERIMENTAL ART

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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**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 noncash assistance	(h) Purpose of grant or assistance
(1) THE SALVATION ARMY MARION CORPS COMMUNITY C 359 N BRANDER AVE MARION, IN 46952	362167910	501(C)(3) PUBLI	7,500.				THE SALVATION ARMY F
(2) THE SHEPHERD'S CENTER OF HAMILTON COUNTY 347 S. 8TH. ST. NOBLESVILLE, IN 46060	311131854	501(C)(3) PUBLI	10,000.				EMERGENCY ASSISTANCE
(3) THE VILLAGES OF INDIANA, INC. 3833 N. MERIDIAN ST.	351708240	501(C)(3) PUBLI	28,000.				GENERAL OPERATING SU
(4) TIDES FOUNDATION P.O. BOX 29903 SAN FRANCISCO, CA 94129-0903	510198509	501(C)(3) PUBLI	11,000.				RENASCENT FOUNDATION
(5) TRINITY FREE CLINIC 1045 W. 146TH ST. CARMEL, IN 46032	352120420	501(C)(3) PUBLI	31,500.				HEALTHY SENIORS
(6) TRUSTED MENTORS 872 VIRGINIA AVE. INDIANAPOLIS, IN 46203	262661971	501(C)(3) PUBLI	28,000.				MENTORING OLDER ADUL
(7) TSERING'S FUND 47520 GALLATIN RD.	262077860	501(C)(3) PUBLI	17,500.				JALAPA DEVI SECONDAR
(8) UNITED CEREBRAL PALSY ASSOCIATION OF GREATE 8020 ZIONSVILLE RD. INDIANAPOLIS, IN 46268	350995988	501(C)(3) PUBLI	109,677.				2016 DISTRIBUTION
(9) UNITED METHODIST FOUNDATION OF INDIANA 8401 FISHERS CENTER DR.	237258100	501(C)(3) PUBLI	9,149.				MINISTERS RETIREMENT
(10) UNITED WAY OF CENTRAL INDIANA 3901 N. MERIDIAN ST.	351007590	501(C)(3) PUBLI	370,100.				UNITED WAY SELECT CI
(11) UNIVERSITY OF CHICAGO 5235 S. HARPER CT. CHICAGO, IL 60615	362177139	501(C)(3) PUBLI	2,000,000.				GREEN LINE ARTS CENT
(12) UNIVERSITY OF EVANSVILLE 1800 LINCOLN AVE. EVANSVILLE, IN 47722	350868074	501(C)(3) PUBLI	22,000.				EMERGING CONTEMPORAR

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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**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

- 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 noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF INDIANAPOLIS 1400 E. HANNA AVE.	350868107	501(C)(3) PUBLI	9,149.				GENERAL OPERATING SU
(2) UNIVERSITY OF SOUTHERN INDIANA FOUNDATION 8600 UNIVERSITY BLVD. EVANSVILLE, IN 47712	237042320	501(C)(3) PUBLI	60,136.				TREE OF 40 FRUITS FO
(3) UNLIMITED POTENTIAL INC. P.O. BOX 1355 WARSAW, IN 46581-1355	311014369	501(C)(3) PUBLI	7,000.				GENERAL OPERATING SU
(4) URBAN GROW 1703 HOWELL ST FORT WAYNE, IN 46808	352044216	501(C)(3) PUBLI	10,000.				THE URBAN MARKET
(5) VOLUNTEERS OF AMERICA OF INDIANA 927 N. PENNSYLVANIA ST.	351914815	501(C)(3) PUBLI	69,974.				SERVICES FOR OLDER A
(6) WABASH COUNTY YMCA 500 S. CASS ST. WABASH, IN 46992	350733765	501(C)(3) PUBLI	60,000.				MARION COUNTY PROMIS
(7) WARNER MEMORIAL CAMP 60 55TH ST. GRANT JUNCTION, MI 49056	382277093	501(C)(3) PUBLI	8,000.				CAMP SCHOLARSHIPS
(8) WARSAW COMMUNITY CHURCH 103 ENTERPRISE DR. WARSAW, IN 46580	351909524	501(C)(3) PUBLI	12,350.				GENERAL OPERATING SU
(9) WATER FOR GOOD P.O. BOX 247 WINONA LAKE, IN 46590	320112278	501(C)(3) PUBLI	12,000.				GENERAL OPERATING SU
(10) WAYSIDE CHRISTIAN FELLOWSHIP 304 HOOSIER ST. NORTH VERNON, IN 47265	350868116	501(C)(3) PUBLI	15,000.				WAYSIDE INN EMERGENC
(11) WEST INDIANAPOLIS DEVELOPMENT CORP. 1211 S. HIATT ST	351886746	501(C)(3) PUBLI	22,682.				PROGRAMMING SUPPORT
(12) WFYI PUBLIC MEDIA 1630 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351147600	501(C)(3) PUBLI	207,752.				AMPLIFY THE VOICES C

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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**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

- 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 noncash assistance	(h) Purpose of grant or assistance
(1) WHEELER MISSION MINISTRIES 205 E. NEW YORK ST. INDIANAPOLIS, IN 46204	350888771	501(C)(3) PUBLI	15,779.				CHARITABLE CONTRIBUT
(2) WHITE RIVER ALLIANCE 1052 WOODLAWN AVE. INDIANAPOLIS, IN 46203	352076148	501(C)(3) PUBLI	15,000.				GENERAL OPERATING SU
(3) WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BLVD. BRONX, NY 10460	131740011	501(C)(3) PUBLI	82,500.				PURCHASE OF NEW VEHI
(4) WILLOW CREEK ASSOCIATION P.O. BOX 3188 BARRINGTON, IL 60011-3188	363799040	501(C)(3) PUBLI	25,000.				GLOBAL LEADERSHIP SU
(5) YMCA OF GREATER INDIANAPOLIS 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350868211	501(C)(3) PUBLI	1,028,270.				YMCA AT PIKE TOWNSHI
(6) YOUNG ACTORS THEATRE 401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	351556468	501(C)(3) PUBLI	30,500.				CHARITABLE CONTRIBUT
(7) YOUNG AUDIENCES OF INDIANA, INC. 3921 N. MERIDIAN ST.	351148812	501(C)(3) PUBLI	22,613.				COLLABORATION OF THE
(8) YOUNG LIFE CHESAPEAKE 173 MOUNT PLEASANT RD.	840385934	501(C)(3) PUBLI	40,000.				OPERATING AND PROGRA
(9) YOUNG LIFE DAYTON 1682 N. LONGVIEW ST. DAYTON, OH 45432	840385934	501(C)(3) PUBLI	30,000.				BEAVERCREEK CHAPTER
(10) YOUTH SERVICES OF GLENVIEW/NORTHBROOK 3080 WEST LAKE AVE. GLENVIEW, IL 60026	363182275	501(C)(3) PUBLI	8,000.				CHARITABLE CONTRIBUT
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 322.

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) (2016)

Part III Grants and Other Assistance to Domestic Individuals. 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 SCHOLARSHIPS	106.	1,058,090.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. 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

2016

**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 (such as, 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 on 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" on 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 nonfixed 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" on 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) 2016

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 aren't 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				
BRIAN E. PAYNE 1PRESIDENT & CEO	(i)	247,025.	0.	0.	21,908.	15,124.	284,057.	
	(ii)	110,982.	0.	0.	9,843.	6,794.	127,619.	
JENNIFER K. BARTENBACH 2CHIEF FINANCIAL OFFICER	(i)	103,018.	0.	0.	8,202.	302.	111,522.	
	(ii)	80,943.	0.	0.	6,444.	238.	87,625.	
ROBERT A. MACPHERSON 3VP DEVELOPMENT	(i)	76,136.	0.	0.	9,054.	13,248.	98,438.	
	(ii)	73,150.	0.	0.	8,699.	12,730.	94,579.	
ELIZABETH TATE 4VP COMMUNITY INVESTMENT	(i)	71,223.	0.	0.	9,398.	8,144.	88,765.	
	(ii)	71,223.	0.	0.	9,398.	8,144.	88,765.	
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

2016

**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	20	5,216,862	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 isn't 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 nonstandard 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 didn't 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) (2016)

JSA

6E1298 1.000

SE4554 D310

Part II **Supplemental Information.** 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

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

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

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

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. THESE SALARY REVIEWS WERE LAST CONDUCTED IN OCTOBER 2017.

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	\$ (374,085)
CHANGE IN DEFINED BEENFIT PENSION PLAN	(192,144)
TRANSFERS AND OTHER EXCHANGES	2,709,305

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

TOTAL: \$ 2,143,076

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BKD, LLP 201 N. ILLINOIS ST. INDIANAPOLIS, IN 46204	ACCOUNTING SERVICES	130,647.
JOANNA NIXON 927 FAYETTE ST. INDIANAPOLIS, IN 46202	CONSULTING SERVICES	205,448.
PRODUCTION RESOURCE GROUP LLC PO BOX 842716 DALLAS, TX 75284	EVENT PRODUCTION	201,225.
ENVISTA TECHNOLOGY SOLUTIONS, LLC PO BOX 857004 MINNEAPOLIS, MN 55485	INFORMATION TCHNLGY	134,308.

Name of the organization

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

ATTACHMENT 3FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
LATINO SCHOLARSHIP DINNER	324,403.
SPECIAL EVENT	383,850.
TOTAL	<u>708,253.</u>

ATTACHMENT 4FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
LATINO SCHOLARSHIP DINNER	7,800.		7,800.
SPECIAL EVENT	35,850.	125,053.	-89,203.
TOTALS	<u>43,650.</u>	<u>125,053.</u>	<u>-81,403.</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

2016

**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. 45-4618430 615 N. ALABAMA ST., STE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)3	7	CICF	X	
(2) THE WILLIAM E. ENGLISH FOUNDATION 35-0929970 615 N. ALABAMA ST., STE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)3	12A, I	INDPLS FDN		X
(3) INDIANAPOLIS PARKS FOUNDATION INC. 35-1860468 615 N. ALABAMA ST., STE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)3	12A, I	CICF	X	
(4) MCCAW FAMILY FOUNDATION, INC. 35-2057394 615 N. ALABAMA ST., STE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)3	12A, I	CICF	X	
(5) NEXTECH.ORG, INC. 45-3362871 615 N. ALABAMA ST., SUITE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)3	PF	CICF	X	
(6)							
(7)							

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

Schedule R (Form 990) 2016

JSA

6E1307 1.000

SE4554 D310

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)				
(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**

Provide additional information for responses to questions on Schedule R. See instructions.

Application for Automatic 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.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, 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 119		
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

JENNIFER K. BARTENBACH

• The books are in the care of ▶ 615 N. ALABAMA ST, STE 119 INDIANAPOLIS IN 46204

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 6-month extension of time until 11/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2016 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 Forms 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 Forms 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.

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

For calendar year 2016 or other tax year beginning 01/01, 2016, and ending 12/31, 2016.

2016

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

A <input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) 220(e) <input type="checkbox"/> 408A 530(a) <input type="checkbox"/> 529(a)	CENTRAL INDIANA COMMUNITY FOUNDATION INC Number, street, and room or suite no. If a P.O. box, see instructions. 615 NORTH ALABAMA STREET 119 City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46204	35-1793680
C Book value of all assets at end of year 402,686,160.	F Group exemption number (See instructions.) ▶	E Unrelated business activity codes (See instructions.) 525990
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

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

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

J The books are in care of ▶ JENNIFER K. BARTENBACH Telephone number ▶ 317-634-2423

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶			
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)				
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)		-12,002.	ATCH 1	-12,002.
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		-12,002.		-12,002.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	17,082.
15 Salaries and wages		15	27,558.
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	6,040.
20 Charitable contributions (See instructions for limitation rules)		20	
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	7,126.
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)	ATTACHMENT 2	28	49,438.
29 Total deductions. Add lines 14 through 28		29	107,244.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-119,246.
31 Net operating loss deduction (limited to the amount on line 30)		31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	-119,246.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	-119,246.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> 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: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). ▶ 36	
37 Proxy tax. See instructions ▶ 37	
38 Alternative minimum tax ▶ 38	
39 Tax on Non-Compliant Facility Income. See instructions ▶ 39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies. ▶ 40	

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 41a	
b Other credits (see instructions). 41b	
c General business credit. Attach Form 3800 (see instructions) 41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827). 41d	
e Total credits. Add lines 41a through 41d 41e	
42 Subtract line 41e from line 40. 42	
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 43	
44 Total tax. Add lines 42 and 43. 44 0.	
45 a Payments: A 2015 overpayment credited to 2016 45a	
b 2016 estimated tax payments 45b	
c Tax deposited with Form 8868. 45c	
d Foreign organizations: Tax paid or withheld at source (see instructions) 45d	
e Backup withholding (see instructions) 45e	
f Credit for small employer health insurance premiums (Attach Form 8941) 45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶ 45g	
46 Total payments. Add lines 45a through 45g 46	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/> 47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed ▶ 48	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶ 49	
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax ▶ Refunded ▶ 50	

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

51 At any time during the 2016 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 ▶ _____	Yes	No
52 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.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

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

Sign Here ▶	Signature of officer	11/15/2017	CFO	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Date	Title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	NICOLE B FISHBACK		11/15/2017		P01279475
	Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260		Phone no. 317.383.4000	
Firm's address ▶ 201 N. ILLINOIS STREET, INDIANAPOLIS, IN 46204					

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

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

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)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ►				
Total dividends-received deductions included in column 8 ►				

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

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

Nonexempt Controlled Organizations

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

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

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

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

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

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

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

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

ENCAP ENERGY CAPITAL FUND IX LP	109,561.
GLOBAL ENVIRONMENT CAPITAL COMPANY LLC	-137.
ENTERPRISE PRODUCTS PARTNERS LP	1,774.
GMO FORESTRY FUND 8-B LP	-9,785.
KAYNE ANDERSON ENERGY FUND III	-8,474.
KAYNE ANDERSON ENERGY FUND IV	-74,544.
AIF VI (LS AIV) LP	1,237.
LIME ROCK RESOURCES B LP	146,985.
LEVEL EQUITY GROWTH PARTNERS I AIV (NB) LP	-4,578.
LEVEL EQUITY GROWTH PARTNERS II AIV (NB) LP	-40,221.
LEVEL EQUITY OPPORTUNITIES FUND 2015, LP	284.
NATURAL GAS PARTNERS IX	-57,779.
LEVEL EQUITY GROWTH PARTNERS I LP	-1,645.
DENHAM COMMODITY PARTNERS FUND LP	-67,943.
METROPOLITAN REAL ESTATE PARTNERS	608.
TRUEBRIDGE-KAUFFMAN ENDOWMENT FUND II LP	-1,263.
COMMON FUND CAPITAL VENTURE PARTNERS IX LP	-1,267.
THE VARDE FUND IX-A LP	4,845.
KAYNE ANDERSON ENERGY FUND VI LP	1,855.
AMBERBROOK IV LLC	-534.
AMBERBROOK V LLC	-418.
AMBERBROOK VI LLC	1,453.
NORTH SKY VENTURE FUND II LP	2,641.
AG SUPER FUND, LP	9,598.
YORKTOWN ENERGY PARTNERS IX LP	106,462.
ONEOK PARTNERS LP	4,360.
PLAINS ALL AMERICAN PIPELINE LP	-670.
ENERGY TRANSFER EQUITY LP	-136.
MAGELLAN MIDSTREAM PARTNERS LP	56.
THE BLACKSTONE GROUP LP	-1.
SUBURBAN PROPANE PARTNERS LP	143.
TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWMENT FUND III LP	-278.
KINDER MORGAN ENERGY PARTNERS, LP	-3,856.
ENR PARTNERS, LP	-75,140.
EURO CHOICE SECONDARY	290.
KAYNE ANDERSON VII	-55,754.
MPLX, LP	-752.
TRUEBRIDGE BVP VIII SPECIAL PURPOSE LLC	-69.
S CORPORATION INCOME - SEE ATTACHED	1,090.
INCOME (LOSS) FROM PARTNERSHIPS	<u>-12,002.</u>

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

AUDIT FEES	20,600.
TAX PREP FEES	15,450.
INVESTMENT MANAGEMENT FEES	13,388.

PART II - LINE 28 - OTHER DEDUCTIONS	<u>49,438.</u>
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**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

2016

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		56.		-56.
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 -56.

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		5,147.		-5,147.
11 Enter gain from Form 4797, line 7 or 9				11 1,909.
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 -3,238.

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
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV	18

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) 2016

Department of the Treasury
Internal Revenue Service

► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment
Sequence No. **12A**

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 **wasn't** 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		56.			-56.
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) ►					56.		-56.

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

For Paperwork Reduction Act Notice, see your tax return instructions. Form **8949** (2016)

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 **wasn't** 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		5,147.			-5,147.
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) ▶					5,147.			-5,147.

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.

Attachment
Sequence No. 27

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

Name(s) shown on return

Identifying number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

1 Enter the gross proceeds from sales or exchanges reported to you for 2016 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)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed, (f) Cost or other basis, (g) Gain or (loss). Row 1: ATTACHMENT 1, 1,909.

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

1,909.

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.

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 didn't 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.

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):

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed, (f) Cost or other basis, (g) Gain or (loss). Rows 11-17.

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:

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

18a

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

18b

For Paperwork Reduction Act Notice, see separate instructions.

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 isn't 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 didn't 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: \$134,334

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: \$151,306

KAYNE ANDERSON ENERGY FUND VI (QP) LP EIN: 38-3865939
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$132,420

TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWMENT FUND II LP EIN: 32-0300512
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$44

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: \$589

AMBERBROOK VI LLC EIN: 90-0806597
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$96

ENCAP ENERGY CAPITAL FUND IX LP EIN: 80-0860738
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$77,153

YORKTOWN ENERGY PARTNERS IX LP EIN: 27-3125579
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$179,642

DENHAM COMMODITY PARTNERS VI, LP EIN: 45-2484628
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$84,118

LIME ROCK RESOURCES B EIN: 81-0681141
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$16,760

FEDERAL ELECTIONS

DESCRIPTION: SECTION 59(E)(2) EXPENDITURES

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

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

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

ENR PARTNERS LP EIN:61-1765146
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$11,569

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

KAYNE ANDERSON ENERGY FUND VII LP EIN:61-1756259
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$35,771

Application for Automatic 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.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions		
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or	
File by the due date for filing your return. See instructions.	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 119		
	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) 07

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

JENNIFER K. BARTENBACH

• The books are in the care of ▶ 615 N. ALABAMA ST, STE 119 INDIANAPOLIS IN 46204

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 6-month extension of time until 11/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2016 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 Forms 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 Forms 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.

**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	Employer identification number 35-1793680
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Part I Apportionment Plan Information

- 1 Type of controlled group:
 - a Parent-subsidiary group
 - b Brother-sister group
 - c Combined group
 - d Life insurance companies only

- 2 This corporation has been a member of this group:
 - a For the entire year.
 - b From _____, until _____.

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

- 4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:
 - a Elected by the component members of the group.
 - b Required for the component members of the group.

- 5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).
 - a No apportionment plan is in effect and none is being adopted.
 - b An apportionment plan is already in effect. It was adopted for the tax year ending _____, and for all succeeding tax years.

- 6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency?
See instructions.
 - a Yes.
 - (i) The statute of limitations for this year will expire on _____.
 - (ii) On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
 - b No. The members may not adopt or amend an apportionment plan.

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

Part II Taxable Income Apportionment (See instructions)

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

(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket				(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	
1 INDIANAPOLIS PARKS FOUNDATION	35-1860468	2016-12	0.00	0.00	0.00	0.00	
2 MCCAWE FAMILY FOUNDATION	35-2057394	2016-12	0.00	0.00	0.00	0.00	
3 THE INDIANAPOLIS FOUNDATION INC.	45-4618430	2016-12	0.00	0.00	0.00	0.00	
4 CENTRAL INDIANA COMMUNITY FOUNDATION	35-1793680	2016-12	0.00	0.00	0.00	0.00	
5 THE WILLIAM E. ENGLISH FOUNDATION	35-0929970	2016-12	62,634.00	0.00	0.00	0.00	62,634.00
6							
7							
8							
9							
10							
Total			62,634.00				62,634.00

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	9,395.00	0.00	0.00	0.00	0.00	0.00	9,395.00
6							
7							
8							
9							
10							
Total	9,395.00						9,395.00

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
12/31/2016**

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)
12/31/2016		(119,246)		(2,146,339)

**Central Indiana Community Foundation
Capital Loss Carryforward
12/31/2016**

Tax Year	Federal Loss Generated	Federal Loss Utilized	Federal Remaining Loss C/F
12/31/2016	(3,294)		(3,294)

Central Indiana Community Foundation
S Corporation Income
12/31/2016

Form 990-T, Part I, Line 5

Information related to the above-referenced organization's investment in an S Corporation:

Name of S Corporation: Sugar Creek Properties, Inc.

Net rental real estate income (loss)	\$1,089
Interest Income	1
Net income reported on Line 5	<u><u>\$1,090</u></u>