



## 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.<sup>1</sup> 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.

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<sup>1</sup> 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**

OMB No. 1545-0047

**2017****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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**A** For the **2017** calendar year, or tax year beginning , **2017**, and ending , **20****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ 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

**F** Name and address of principal officer:

BRIAN PAYNE

615 NORTH ALABAMA ST, STE 119 INDIANAPOLIS, IN 46204

**D** Employer identification number

35-1793680

**E** Telephone number

(317) 634-2423

**G** Gross receipts \$ 90,072,370.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.CICF.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1997 **M** State of legal domicile: IN**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: CICF EXISTS TO IMPROVE INDIANA TODAY AND FOREVER. CHARITABLE ASSETS ARE BUILT TO SUPPORT EFFECTIVE CHARITABLE ORGANIZATIONS WITH GRANTS AND PROVIDE LEADERSHIP TO ADDRESS NEEDS.	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3 23.
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4 23.
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 21.
	<b>6</b>	Total number of volunteers (estimate if necessary)	6 23.
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	7a -896,136.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	7b -997,838.	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year 20,482,758. Current Year 17,005,182.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	0. 490,629.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,906,205. 23,581,589.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	518,085. -63,018.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,907,048. 41,014,382.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,972,502. 21,130,461.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,828,082. 2,457,187.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 901,657.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,714,743. 3,878,985.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	36,515,327. 27,466,633.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-4,608,279. 13,547,749.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year 402,686,160. End of Year 444,073,426.
	<b>21</b>	Total liabilities (Part X, line 26)	19,409,649. 17,753,316.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	383,276,511. 426,320,110.

**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.

<b>Sign Here</b>	Signature of officer	11/15/2018	
	JENNIFER K. BARTENBACH	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	NICOLE B FISHBACK		11/15/2018
	Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ 201 N. ILLINOIS STREET INDIANAPOLIS, IN 46204	Phone no. 317.383.4000	PTIN P01279475

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** (2017)

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

ATTACHMENT 1

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 11,051,596. including grants of \$ 9,508,707. ) (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 \$ 7,613,321. including grants of \$ 6,550,443. ) (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 \$ 5,894,184. including grants of \$ 5,071,311. ) (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.) ATTACHMENT 2  
(Expenses \$ including grants of \$ ) (Revenue \$ 490,629. )

**4e** Total program service expenses ▶ 24,559,101.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> 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> . . . . .	<b>21</b>	X
<b>22</b> 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> . . . . .	<b>22</b>	X
<b>23</b> 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> . . . . .	<b>23</b>	X
<b>24a</b> 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> . . . . .	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	<b>25a</b>	X
<b>b</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> . . . . .	<b>25b</b>	X
<b>26</b> 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> . . . . .	<b>26</b>	X
<b>27</b> 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> . . . . .	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28b</b>	X
<b>c</b> 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> . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .	<b>31</b>	X
<b>32</b> 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> . . . . .	<b>32</b>	X
<b>33</b> 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> . . . . .	<b>33</b>	X
<b>34</b> 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> . . . . .	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	X
<b>b</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> . . . . .	<b>35b</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	<b>36</b>	X
<b>37</b> 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> . . . . .	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	X

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	1a	192	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	1b	0.	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c		
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .	2a	21	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .	2b	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. . . . .	3b	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a		X
<b>b</b> If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). . . . .			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	6a		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9a		X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		X
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders . . . . .	11a		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. . . . .	13a		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b		
<b>c</b> Enter the amount of reserves on hand . . . . .	13c		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	14b		

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

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	23	
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	23	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .		X
<b>6</b> Did the organization have members or stockholders? . . . . .		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

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

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

**Section C. Disclosure**

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

JENNIFER K. BARTENBACH 615 N. ALABAMA ST, 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. X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CYNTHIA SIMON SKJODT BOARD CHAIR	1.00 2.00	X		X				0.	0.	0.
(2) GREGORY F. HAHN VICE-CHAIR	1.00 2.00	X		X				0.	0.	0.
(3) KATHERINE L. DAVIS TREASURER	1.00 2.00	X		X				0.	0.	0.
(4) AASIF BADE SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) JEAN BLACKWELL DIRECTOR	1.00 0.	X						0.	0.	0.
(6) DARRIANNE P. CHRISTIAN DIRECTOR	1.00 0.	X						0.	0.	0.
(7) MICHAEL DAUGHERTY DIRECTOR	1.00 1.00	X						0.	0.	0.
(8) TRACI M. DOLAN DIRECTOR	1.00 1.00	X						0.	0.	0.
(9) MARIANNE GLICK DIRECTOR	1.00 0.	X						0.	0.	0.
(10) DUANE INGRAM DIRECTOR	1.00 0.	X						0.	0.	0.
(11) J.A. LACY DIRECTOR	1.00 0.	X						0.	0.	0.
(12) ALAN A. LEVIN DIRECTOR	1.00 2.00	X						0.	0.	0.
(13) JAY MERRELL DIRECTOR	1.00 1.00	X						0.	0.	0.
(14) ANN O'HARA DIRECTOR	1.00 1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MELISSA PROFFITT DIRECTOR	1.00 0.	X						0.	0.	0.
(16) MYRTA J. PULLIAM DIRECTOR	1.00 0.	X						0.	0.	0.
(17) MARISOL SANCHEZ DIRECTOR	1.00 0.	X						0.	0.	0.
(18) JERRY D. SEMLER DIRECTOR	1.00 2.00	X						0.	0.	0.
(19) MICHAEL J. SIMMONS DIRECTOR	1.00 0.	X						0.	0.	0.
(20) JOSEPH L. SMITH, JR. DIRECTOR	1.00 0.	X						0.	0.	0.
(21) MILTON O. THOMPSON DIRECTOR	1.00 2.00	X						0.	0.	0.
(22) LEE WHITE DIRECTOR	1.00 0.	X						0.	0.	0.
(23) BRIAN E. PAYNE PRESIDENT & CEO	19.00 23.00			X				168,263.	189,744.	54,543.
(24) JENNIFER K. BARTENBACH CHIEF FINANCIAL OFFICER	23.00 19.00			X				105,906.	79,894.	15,345.
(25) ROBERT A. MACPHERSON VP OF DEVELOPMENT	25.00 15.00			X				95,134.	58,308.	46,244.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								660,487.	487,153.	224,320.
<b>d Total (add lines 1b and 1c)</b> .....								660,487.	487,153.	224,320.

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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	
<b>5</b> 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 3		

**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 **▶** 10

[illegible]

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 <b>former</b> 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

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

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 ►

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	631,245.			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	362,827.			
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	16,011,110.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		5,216,861.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		17,005,182.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b>	OPERATING SUPPORT INCOME	900099	490,629.	490,629.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		490,629.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .		3,888,668.		-896,136.	4,784,804.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .		0.			
	<b>5</b>	Royalties . . . . .		0.			
			(i) Real (ii) Personal				
	<b>6a</b>	Gross rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .		0.			
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
				68,643,331.			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		48,950,410.			
	<b>c</b>	Gain or (loss) . . . . .		19,692,921.			
	<b>d</b>	Net gain or (loss) . . . . .		19,692,921.			19,692,921.
	<b>8a</b>	Gross income from fundraising events (not including \$ 631,245. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	44,560.			
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>	107,578.			
	<b>c</b>	Net income or (loss) from fundraising events. <b>ATCH 5</b>		-63,018.			-63,018.
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b>	Less: direct expenses . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from gaming activities. . . . .		0.				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory. . . . .		0.				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		0.				
<b>12</b>	<b>Total revenue.</b> See instructions. . . . .		41,014,382.	490,629.	-896,136.	24,414,707.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	20,467,738.	20,467,738.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	662,723.	662,723.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	492,176.	246,088.	147,653.	98,435.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	1,284,576.	642,288.	385,373.	256,915.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	333,246.	192,273.	64,064.	76,909.
<b>9</b> Other employee benefits . . . . .	217,076.	108,538.	65,123.	43,415.
<b>10</b> Payroll taxes . . . . .	130,113.	65,056.	39,034.	26,023.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	42,256.	21,128.	12,677.	8,451.
<b>c</b> Accounting . . . . .	52,472.	26,236.	15,742.	10,494.
<b>d</b> Lobbying . . . . .	0.			
<b>e</b> Professional fundraising services. See Part IV, line 17. . . . .	0.			
<b>f</b> Investment management fees . . . . .	1,879,189.	1,174,493.	704,696.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	51,849.	25,924.	15,555.	10,370.
<b>12</b> Advertising and promotion . . . . .	67,879.	33,939.	20,364.	13,576.
<b>13</b> Office expenses . . . . .	79,676.	39,838.	23,903.	15,935.
<b>14</b> Information technology . . . . .	167,058.	83,528.	50,118.	33,412.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	410,499.	205,249.	123,150.	82,100.
<b>17</b> Travel . . . . .	23,745.	11,872.	7,124.	4,749.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	38,774.	19,387.	11,632.	7,755.
<b>20</b> Interest . . . . .	18,000.	9,000.	5,400.	3,600.
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	497,392.	248,696.	149,218.	99,478.
<b>23</b> Insurance . . . . .	41,240.	20,620.	12,372.	8,248.
<b>24</b> 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.)				
<b>a</b> CONSULTING . . . . .	425,760.	212,880.	127,728.	85,152.
<b>b</b> EMPLOYEE RELATIONS . . . . .	46,736.	23,368.	14,021.	9,347.
<b>c</b> DUES & MEMBERSHIPS . . . . .	30,004.	15,002.	9,001.	6,001.
<b>d</b> MISCELLANEOUS . . . . .	6,456.	3,237.	1,927.	1,292.
<b>e</b> All other expenses . . . . .				
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	27,466,633.	24,559,101.	2,005,875.	901,657.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	0.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments . . . . .	22,347,620.	<b>2</b>	35,787,132.
	<b>3</b> Pledges and grants receivable, net . . . . .	5,305,912.	<b>3</b>	5,433,050.
	<b>4</b> Accounts receivable, net . . . . .	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> 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.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0.	<b>9</b>	0.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 8,584,043.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 4,057,377.		
		4,523,219.	<b>10c</b>	4,526,666.
	<b>11</b> Investments - publicly traded securities . . . . .	212,312,837.	<b>11</b>	242,325,511.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	152,987,984.	<b>12</b>	150,040,926.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	5,208,588.	<b>15</b>	5,960,141.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	402,686,160.	<b>16</b>	444,073,426.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,256,280.	<b>17</b>	2,609,387.
	<b>18</b> Grants payable . . . . .	14,683,415.	<b>18</b>	12,628,868.
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> 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.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> 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 . . . . .	2,469,954.	<b>25</b>	2,515,061.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	19,409,649.	<b>26</b>	17,753,316.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	365,755,764.	<b>27</b>	406,668,476.
	<b>28</b> Temporarily restricted net assets . . . . .	12,657,297.	<b>28</b>	14,159,442.
	<b>29</b> Permanently restricted net assets . . . . .	4,863,450.	<b>29</b>	5,492,192.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	383,276,511.	<b>33</b>	426,320,110.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	402,686,160.	<b>34</b>	444,073,426.

Form **990** (2017)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	41,014,382.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	27,466,633.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	13,547,749.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	383,276,511.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	29,380,159.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0.
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0.
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	115,691.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	426,320,110.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2017)

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**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. . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 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)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2017



**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	49,622,779.	14,282,898.	18,591,242.	20,482,758.	17,005,182.	119,984,859.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	49,622,779.	14,282,898.	18,591,242.	20,482,758.	17,005,182.	119,984,859.
<b>5</b> 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). . . . .						35,622,460.
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						84,362,399.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4. . . . .	49,622,779.	14,282,898.	18,591,242.	20,482,758.	17,005,182.	119,984,859.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	5,652,129.	5,193,179.	3,566,183.	3,484,479.	3,888,668.	21,784,638.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	27,925.	55,450.	36,650.	43,650.	44,560.	208,235.
<b>11 Total support.</b> Add lines 7 through 10. . . . .						141,977,732.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	2,937,701.
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	59.42 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	65.76 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2017.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test - 2016.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> 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>b</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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> 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>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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 <b>Part VI</b> 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>		
<b>5a</b> 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 <b>Part VI</b>, 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b>.</i>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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 <b>Part VI</b>.</i>		
<b>b</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 <b>Part VI</b>.</i>		
<b>c</b> 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 <b>Part VI</b>.</i>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>		

**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.

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

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions		Current Year	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2017 from Section C, line 6		
<b>10</b>	Line 8 amount divided by Line 9 amount		

  

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b>	Distributable amount for 2017 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2017			
<b>a</b>				
<b>b</b>	From 2013 . . . . .			
<b>c</b>	From 2014 . . . . .			
<b>d</b>	From 2015 . . . . .			
<b>e</b>	From 2016 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2017 distributable amount			
<b>i</b>	Carryover from 2012 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2017 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2017 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b>	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2013 . . . .			
<b>b</b>	Excess from 2014 . . . .			
<b>c</b>	Excess from 2015 . . . .			
<b>d</b>	Excess from 2016 . . . .			
<b>e</b>	Excess from 2017 . . . .			

Schedule A (Form 990 or 990-EZ) 2017

**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	2013	2014	2015	2016	2017	TOTAL
SPECIAL EVENT INCOME	27,925.	55,450.	36,650.	43,650.	44,560.	208,235.
TOTALS	<u>27,925.</u>	<u>55,450.</u>	<u>36,650.</u>	<u>43,650.</u>	<u>44,560.</u>	<u>208,235.</u>

## Schedule of Contributors

OMB No. 1545-0047

**2017**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**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**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		\$ 376,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 448,624.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 98,606.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,368,245.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,257,323.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,626,187.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**Name of organization** CENTRAL INDIANA COMMUNITY FOUNDATION INC**Employer identification number**  
35-1793680**Part 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		\$ 900,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 497,225.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="checked" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 2,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 350,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 500,000.	Person <input checked="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.)

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	\$ 98,606.	04/20/2017
5	PUBLICLY TRADED SECURITIES	\$ 1,257,323.	12/29/2017
8	PUBLICLY TRADED SECURITIES	\$ 497,225.	12/27/2017
		\$	
		\$	
		\$	

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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

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

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (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) 2017

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .			
<b>d</b> Other exempt purpose expenditures . . . . .			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .			
<b>j</b> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

**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
<b>1</b> 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:			
<b>a</b> Volunteers? . . . . .		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .		X	
<b>c</b> Media advertisements? . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public? . . . . .		X	
<b>e</b> Publications, or published or broadcast statements? . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes? . . . . .	X		12,300.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .		X	
<b>i</b> Other activities? . . . . .		X	
<b>j</b> Total. Add lines 1c through 1i . . . . .			12,300.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? . . . . .	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? . . . . .	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members . . . . .	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year . . . . .	<b>2a</b>	
<b>b</b> Carryover from last year. . . . .	<b>2b</b>	
<b>c</b> Total . . . . .	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. . . . .	<b>3</b>	
<b>4</b> 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? . . . . .	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) . . . . .	<b>5</b>	

**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)

Department of the Treasury  
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public  
Inspection

Employer identification number

35-1793680

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .	212.	
2 Aggregate value of contributions to (during year) . . . . .	9,438,160.	
3 Aggregate value of grants from (during year) . . . . .	17,240,571.	
4 Aggregate value at end of year . . . . .	298,688,620.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.**

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

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

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

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

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

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

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

a Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

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

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Schedule D (Form 990) 2017



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

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

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

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" 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
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**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
<b>1a</b> Beginning of year balance	234,322,874.	225,401,472.	233,396,992.	234,580,410.	337,731,946.
<b>b</b> Contributions	9,579,937.	13,247,964.	7,213,751.	5,677,271.	16,410,572.
<b>c</b> Net investment earnings, gains, and losses	32,864,874.	13,098,997.	-1,527,215.	7,679,493.	51,753,816.
<b>d</b> Grants or scholarships	12,045,592.	16,229,527.	12,404,024.	13,303,504.	168,745,884.
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses	1,279,097.	1,196,032.	1,278,032.	1,236,678.	2,570,040.
<b>g</b> End of year balance	263,442,996.	234,322,874.	225,401,472.	233,396,992.	234,580,410.

**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:

(i) unrelated organizations ☐ Yes ☒ No **3a(i)**

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

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

**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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		5,947,154.	2,897,521.	3,049,633.
<b>d</b> Equipment		1,807,067.	880,424.	926,643.
<b>e</b> Other		829,822.	279,432.	550,390.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,526,666.

Schedule D (Form 990) 2017

**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	150,040,926.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	150,040,926.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	2,281,950.	
(3) DUE TO OTHER FUNDS	233,111.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	2,515,061.	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	69,786,251.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	29,380,159.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	29,380,159.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	40,406,092.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	608,290.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	608,290.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	41,014,382.

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	26,742,652.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	26,742,652.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	723,981.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	723,981.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	27,466,633.

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

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	\$ 420,029
CHANGE IN DEFINED BENEFIT PENSION PLAN	188,261
	-----
TOTAL	\$ 608,290

SCHEDULE D, PART XII, LINE 4B

OTHER RECONCILING ITEMS:

TRANSFERS AND OTHER EXCHANGES	\$ 723,981
-------------------------------	------------

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

35-1793680

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS	N/A	150,918,016.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					150,918,016.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					150,918,016.

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

Schedule F (Form 990) 2017

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ►

3 Enter total number of other organizations or entities . . . . . ►

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2017

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☒ Yes ☐ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . . ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* . . . . . ☒ Yes ☐ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . . ☒ Yes ☐ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☒ Yes ☐ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . . ☐ Yes ☒ No

Schedule F (Form 990) 2017



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

35-1793680

**Part I**

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

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

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

**Total** .....

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

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

		(a) Event #1 LATINO SCHOLARS (event type)	(b) Event #2 POWER OF PHILA (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	359,055.	316,750.		675,805.
	2 Less: Contributions . . . . .	347,345.	283,900.		631,245.
	3 Gross income (line 1 minus line 2). . . . .	11,710.	32,850.		44,560.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .		1,000.		1,000.
	7 Food and beverages . . . . .		41,568.		41,568.
	8 Entertainment . . . . .		40,000.		40,000.
	9 Other direct expenses . . . . .		25,010.		25,010.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				107,578.
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-63,018.

**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: \_\_\_\_\_

10a 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)

Department of the Treasury  
Internal Revenue Service

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.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2017

Open to Public  
Inspection

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 2ND MILE ADVENTURES INC. 2562 WALTON BLVD. WARSAW, IN 46582	260293304	501(C)(3) PUBLIC	15,175.				VEHICLE MAINTENANCE
(2) 2ND MILE MISSONS P.O. BOX 733 WINONA LAKE, IN 46590	472289755	501(C)(3) PUBLIC	6,000.				GENERAL SUPPORT/1200
(3) 8TH DAY CENTER FOR JUSTICE 205 W. MONROE CHICAGO, IL 60606	362826825	501(C)(3) PUBLIC	65,000.				TRANSFORMATIVE JUSTI
(4) ACHIEVE 233 MCCREA ST. INDIANAPOLIS, IN 46225	650947453	501(C)(3) PUBLIC	316,985.				2017 MCON CONFERENCE
(5) AGAPE THERAPEUTIC RIDING RESOURCES, INC. 24970 MT. PLEASANT RD.	311193132	501(C)(3) PUBLIC	20,000.				RIDER SCHOLARSHIP PR
(6) AGE WELL SERVICES OF WEST MICHIGAN 560 SEMINOLE RD. MUSKEGON, MI 49444	382033822	501(C)(3) PUBLIC	7,500.				FEEDING THOSE IN NEE
(7) ALBION COLLEGE OFFICE OF INSTITUTIONAL ADVANCEMENT	381359081	501(C)(3) PUBLIC	25,000.				ANNUAL FUND
(8) ALPHA TAU OMEGA FOUNDATION 32 E. WASHINGTON ST. INDIANAPOLIS, IN 46204	237154214	501(C)(3) PUBLIC	10,900.				2017 DISTRIBUTION
(9) ALZHEIMER'S ASSOCIATION OF GREATER INDIANA 50 E. 91ST. ST. INDIANAPOLIS, IN 46240	133039601	501(C)(3) PUBLIC	10,600.				ALZHEIMER'S WALK
(10) AMERICAN CIVIL LIBERTIES UNION OF INDIANA F 1031 E. WASHINGTON ST.	237398358	501(C)(3) PUBLIC	93,525.				CHARITABLE CONTRIBUT
(11) AMERICAN PIANISTS ASSOCIATION, INC. 4603 CLARENDON RD. INDIANAPOLIS, IN 46208	310969640	501(C)(3) PUBLIC	321,549.				APA ENDOWMENT FUND S
(12) AMERICAN RED CROSS OF CENTRAL INDIANA 1510 N. MERIDIAN	530196605	501(C)(3) PUBLIC	37,247.				2017 DISTRIBUTION

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) (2017)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
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(1) ANSWER							
P.O. BOX 68401 GRAND RAPIDS, MI 49516	383639777	501(C)(3) PUBLI	20,000.				BUSINESS INTERNSHIP
(2) ART CREATION FOUNDATION FOR CHILDREN							
14113 DRAKES' POINT DR.	651196151	501(C)(3) PUBLI	10,000.				AFTER-SCHOOL ARTS PR
(3) ART WITH A HEART							
2605 E. 25TH ST. INDIANAPOLIS, IN 46218	020570317	501(C)(3) PUBLI	90,750.				BLAIR KARSH PROJECT
(4) ARTMIX							
1505 N. DELAWARE ST. INDIANAPOLIS, IN 46202	351529183	501(C)(3) PUBLI	82,661.				URBAN ARTISANS
(5) ARTPRIZE							
41 SHELDON BLVD. SE GRAND RAPIDS, MI 49503	264571560	501(C)(3) PUBLI	50,000.				FEATURED PUBLIC PROJ
(6) ARTS FOR LAWRENCE							
8920 OTIS AVE. INDIANAPOLIS, IN 46216	202486798	501(C)(3) PUBLI	25,000.				GENERAL OPERATING
(7) ARTS FOR LEARNING							
546 E. 17TH ST. INDIANAPOLIS, IN 46202	351148812	501(C)(3) PUBLI	27,543.				INSPIRING SCHOLARS
(8) ASANTE CHILDREN'S THEATRE							
P.O. BOX 22344 INDIANAPOLIS, IN 46222	352203194	501(C)(3) PUBLI	40,000.				PREP4LIFE AND CAPACI
(9) AUDITORIUM THEATRE OF ROOSEVELT UNIVERSITY,							
50 E. CONGRESS PKWY. CHICAGO, IL 60605	363145476	501(C)(3) PUBLI	15,000.				HANDS TOGETHER, HEAR
(10) BACK ON MY FEET INDIANAPOLIS							
964 N. PENNSYLVANIA ST.	262109809	501(C)(3) PUBLI	14,792.				VETERAN TEAM SUPPORT
(11) BARTHOLOMEW CONSOLIDATED SCHOOL FOUNDATION							
1200 CENTRAL AVE. COLUMBUS, IN 47201	356041222	501(C)(3) PUBLI	10,000.				THE LINDEN PROJECT -
(12) BATTLE CREEK YMCA							
182 CAPITAL AVE. NE BATTLE CREEK, MI 49017	381986068	501(C)(3) PUBLI	7,500.				TO SUPPORT THE PLAYR

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Schedule I (Form 990) (2017)

SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
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(1) BEST BUDDIES INDIANA 8604 ALLISONVILLE RD.	521614576	501(C)(3) PUBLIC	20,000.				2017 FRIENDSHIP WALK
(2) BEYOND SPORTS 1350 OLD SKOKIE RD HIGHLAND PARK, IL 60035	262842441	501(C)(3) PUBLIC	40,000.				PREPARING STUDENT AT
(3) BIG CAR 615 N ALABAMA ST. INDIANAPOLIS, IN 46204	113725157	501(C)(3) PUBLIC	64,000.				SPONSORSHIP SUPPORT
(4) BOCA GRANDE HEALTH CLINIC FOUNDATION P.O. BOX 2340 BOCA GRANDE, FL 33921	571160149	501(C)(3) PUBLIC	10,000.				CHARITABLE CONTRIBUT
(5) BOONE COUNTY HISTORICAL SOCIETY P.O. BOX 141 LEBANON, IN 46052	351414577	501(C)(3) PUBLIC	10,000.				REPLACEMENT OF THE R
(6) BOSMA INDUSTRIES FOR THE BLIND, INC. 6270 CORPORATE DR INDIANAPOLIS, IN 46278	311246086	501(C)(3) PUBLIC	50,000.				STEP EXPANSION
(7) BOYS & GIRLS CLUB OF MUNCIE PO BOX 820 MUNCIE, IN 47308-0820	350869060	501(C)(3) PUBLIC	29,000.				DEVELOP TEEN PROGRAM
(8) BOYS & GIRLS CLUBS OF INDIANAPOLIS 3530 SOUTH KEYSTONE AVE.	350888754	501(C)(3) PUBLIC	139,250.				DATA MANAGEMENT AND
(9) BROOKE'S PLACE FOR GRIEVING YOUNG PEOPLE, I 8935 N. MERIDIAN INDIANAPOLIS, IN 46260	352045122	501(C)(3) PUBLIC	28,661.				GENERAL OPERATING
(10) BROWARD COUNTY COMMUNITY DEVELOPMENT CORPOR 305 SE 18TH CT. FT. LAUDERDALE, FL 33316	650407370	501(C)(3) PUBLIC	45,000.				AFFORDABLE HOUSING O
(11) BUTLER UNIVERSITY 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	999999911	501(C)(3) PUBLIC	105,500.				BUTLER COMMUNITY ART
(12) CAMP TECUMSEH YMCA 12635 W. TECUMSEH BEND RD.	237331099	501(C)(3) PUBLIC	125,000.				BARBARA F. KAMPEN DI

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(1) CAMPUS CRUSADE FOR CHRIST P.O. BOX 628222 ORLANDO, FL 32862-8222	956006173	501(C)(3) PUBLIC	45,000.				ACH# 0645392 FOR PURD
(2) CANCER SUPPORT COMMUNITY - CENTRAL INDIANA, 5150 W. 71ST ST. INDIANAPOLIS, IN 46268	351902427	501(C)(3) PUBLIC	25,000.				SUPPORT OPERATIONS
(3) CATHEDRAL HIGH SCHOOL 5225 E. 56TH ST.	356254955	501(C)(3) PUBLIC	378,872.				TUITION ASSISTANCE F
(4) CENTER FOR VICTIM AND HUMAN RIGHTS, CORP. 201 N. ILLINOIS ST. INDIANAPOLIS, IN 46204	262747213	501(C)(3) PUBLIC	25,000.				CVHR CRIME VICTIM RI
(5) CENTER ON HALSTED 3656 N. HALSTED STREET CHICAGO, IL 60613	510178807	501(C)(3) PUBLIC	75,000.				SENIOR PROGRAMMING
(6) CENTRAL INDIANA LAND TRUST INC. 1500 N. DELAWARE ST. INDIANAPOLIS, IN 46202	351816493	501(C)(3) PUBLIC	80,000.				DISCRETION OF CILTI
(7) CENTRAL INDIANA YOUTH FOR CHRIST P.O. BOX 68695 INDIANAPOLIS, IN 46268	350992753	501(C)(3) PUBLIC	30,000.				CITY LIFE WHEELS:
(8) CHALKBEAT, INC. 1250 BROADWAY NEW YORK, NY 10001	900915846	501(C)(3) PUBLIC	25,000.				CHALKBEAT INDIANA SU
(9) CHAUCIE'S PLACE 4607 E. 106TH ST. CARMEL, IN 46033	352072683	501(C)(3) PUBLIC	5,280.				ALL IN FOR HAMILTON
(10) CHICAGO CULTURAL ALLIANCE 444 N. WABASH AVE. CHICAGO, IL 60611	061801981	501(C)(3) PUBLIC	10,000.				INHERIT CHICAGO
(11) CHICAGO FILMMAKERS 5243 N. CLARK ST. CHICAGO, IL 60640	362885210	501(C)(3) PUBLIC	25,000.				AN AMERICAN HOME
(12) CHICAGO HISTORY MUSEUM 1601 N. CLARK ST. CHICAGO, IL 60614-6038	204982186	501(C)(3) PUBLIC	50,000.				MLK IN CHICAGO EXHIB

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(1) CHICAGO HOUSE 1925 N. CLYBOURN AVE. CHICAGO, IL 60614	363376432	501(C)(3) PUBLI	60,000.				TRANSLIFE PROGRAM
(2) CHICAGO PUBLIC MEDIA 848 E. GRAND AVE. CHICAGO, IL 60611-3509	363687394	501(C)(3) PUBLI	40,000.				2017 END OF FISCAL Y
(3) CHILD ADVOCATES INC. 8200 HAVERSTICK RD. INDIANAPOLIS, IN 46240	351788240	501(C)(3) PUBLI	19,600.				UNDOING RACISM WORKS
(4) CHILDREN IN THE SON P.O. BOX 99063 RALEIGH, NC 27624	571103876	501(C)(3) PUBLI	6,200.				GENERAL OPERATING SU
(5) CHRIST PRESBYTERIAN CHURCH 925 N. SARIVAL AVE. GOODYEAR, AZ 85338	866006452	RELIGIOUS ORGAN	8,000.				CHILDREN MINISTRY
(6) CHRISTAMORE HOUSE 502 N. TREMONT ST. INDIANAPOLIS, IN 46222	350885588	501(C)(3) PUBLI	50,000.				CHARITABLE CONTRIBUT
(7) CHRISTEL HOUSE INTERNATIONAL 10 W. MARKET ST.	352051932	501(C)(3) PUBLI	26,250.				GENERAL OPERATION, C
(8) CICOA AGING & IN-HOME SOLUTIONS 4755 KINGSWAY DR. INDIANAPOLIS, IN 46205	351310387	501(C)(3) PUBLI	120,000.				KEY PROVIDER
(9) COBURN PLACE SAFE HAVEN 604 E. 38TH ST. INDIANAPOLIS, IN 46205	371421922	501(C)(3) PUBLI	42,750.				ENHANCED SUMMER BREA
(10) COLUMBIA COLLEGE CHICAGO 600 S. MICHIGAN AVE. CHICAGO, IL 60605	366112087	501(C)(3) PUBLI	1,025,000.				MOCP'S 2017-2018
(11) COLUMBUS AREA ARTS COUNCIL 300 WASHINGTON ST. COLUMBUS, IN 47201	351303466	501(C)(3) PUBLI	25,000.				2018 ARTIST WORKSHOP
(12) COLUMBUS INDIANA PHILHARMONIC 315 FRANKLIN ST. COLUMBUS, IN 47201	351178268	501(C)(3) PUBLI	12,400.				2017 LOBSTERFEST FOO

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(1) COMMUNITY ALLIANCE OF THE FAR EASTSIDE (CAF) 8902 E. 38TH ST. INDIANAPOLIS, IN 46226	352018453	501(C)(3) PUBLIC	354,658.				TRANSITIONAL SUPPORT
(2) COMMUNITY HARVEST FOOD BANK OF NORTHEAST IN PO BOX 10967 FORT WAYNE, IN 46855	311100607	501(C)(3) PUBLIC	7,500.				FEEDING THOSE IN NEE
(3) COMMUNITY HEALTH NETWORK FOUNDATION 7240 SHADELAND STATION	510181688	501(C)(3) PUBLIC	135,490.				ONCOLOGY PATIENT ASS
(4) COMMUNITY HOME HEALTH SERVICES 9894 E. 121ST ST. FISHERS, IN 46037	350953467	501(C)(3) PUBLIC	13,217.				GENERAL OPERATING SU
(5) COMMUNITY KITCHEN OF MONROE COUNTY 1515 S. ROGERS ST. BLOOMINGTON, IN 47403	311101408	501(C)(3) PUBLIC	7,500.				FEEDING THOSE IN NEE
(6) COMMUNITY STOREHOUSE 4201 GREENSBORO RD. RIDGEWAY, VA 24148	611466341	501(C)(3) PUBLIC	8,500.				CHARITABLE CONTRIBUT
(7) CONNECT2HELP 3901 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	311216792	501(C)(3) PUBLIC	156,500.				OPERATING SUPPORT- A
(8) CRISIS PREGNANCY CENTER OF TIDEWATER, INC. 1100 MADISON PLAZA CHESAPEAKE, VA 23320	541267311	501(C)(3) PUBLIC	50,000.				GENERAL FUND AND ONL
(9) CROSSROADS OF AMERICA COUNCIL/BOY SCOUTS OF 7125 FALL CREEK RD. N.	350867962	501(C)(3) PUBLIC	6,000.				FRIENDS OF SCOUTING
(10) CROSSWORLD 10000 N. OAK TRAFFIC WAY	231352564	501(C)(3) PUBLIC	33,100.				PROJECT #34459 SUPPO
(11) CRU P.O. BOX 628222 ORLANDO, FL 32862-8222	956006173	501(C)(3) PUBLIC	12,600.				PROJECT #0437021 AND
(12) DANCE KALEIDOSCOPE 4603 CLARENDON RD. INDIANAPOLIS, IN 46208	310896177	501(C)(3) PUBLIC	59,800.				CHARITABLE CONTRIBUT

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Schedule I (Form 990) (2017)



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.

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OMB No. 1545-0047

2017

Open to Public  
Inspection

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
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1 (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) DARE TO CARE FOOD BANK 5803 FERN VALLEY RD. LOUISVILLE, KY 40228	237345952	501(C)(3) PUBLIC	7,500.				FEEDING THOSE IN NEED
(2) DAYSRING CENTER, INC. 3736 N. MERIDIAN ST.	351618998	501(C)(3) PUBLIC	11,536.				CHARITABLE CONTRIBUTION
(3) DEKALB COMMUNITY IMPACT CORP. 2301 N. MAIN ST. AUBURN, IN 46706	264203950	501(C)(3) PUBLIC	7,439.				CHARITABLE CONTRIBUTION
(4) DEPAUW UNIVERSITY 300 E. SEMINARY ST. GREENCASTLE, IN 46135	350869045	501(C)(3) PUBLIC	60,003.				EFROYMSON FIFTH YEAR
(5) DOMESTIC VIOLENCE NETWORK 9245 N. MERIDIAN ST. INDIANAPOLIS, IN 46260	352014673	501(C)(3) PUBLIC	10,000.				CRIME PREVENTION 201
(6) DOVE RECOVERY HOUSE FOR WOMEN 14 N. HIGHLAND AVE. INDIANAPOLIS, IN 46202	352120680	501(C)(3) PUBLIC	5,100.				CHARITABLE CONTRIBUTION
(7) DUKE UNIVERSITY 322 SEALY MUDD BUILDING, DUMC BOX 3615	560532129	501(C)(3) PUBLIC	205,000.				FEAGIN LEADERSHIP PR
(8) DYERSBURG STATE COMMUNITY COLLEGE DSCC OFFICE OF INSTITUTIONAL ADVANCEMENT	620800930	EDUCATIONAL ORG	7,492.				ACCESS TO MEDICAL AN
(9) EAGLE CHURCH P.O. BOX 254 ZIONSVILLE, IN 46077	351952000	501(C)(3) PUBLIC	10,000.				GENERAL FUND - USE A
(10) EARLY LEARNING INDIANA 1776 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	350888763	501(C)(3) PUBLIC	194,533.				2017 DISTRIBUTION
(11) EDNA MARTIN CHRISTIAN CENTER 2605 E 25TH ST. INDIANAPOLIS, IN 46218-0388	351072577	501(C)(3) PUBLIC	35,000.				LEADERSHIP AND LEGAC
(12) EITELJORG MUSEUM OF AMERICAN INDIANS AND WE 500 W. WASHINGTON ST.	311139447	501(C)(3) PUBLIC	225,250.				GENERAL OPERATING SU

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(1) EMERGING EAGLES INC. 9636 HAMPTON CIRCLE S.	205854115	501(C)(3) PUBLIC	5,906.				LTFL FOOTBALL AND CH
(2) ENROLL INDY 1630 N MERIDIAN STREET	811788517	501(C)(3) PUBLIC	75,000.				GENERAL OPERATING SU
(3) EPISCOPAL DIOCESE OF CHICAGO ST. JAMES COMMONS CHICAGO, IL 60611	237075487	501(C)(3) PUBLIC	10,000.				BISHOP'S APPEAL
(4) EPISCOPAL RELIEF & DEVELOPMENT 815 SECOND AVENUE NEW YORK, NY 10017	731635264	501(C)(3) PUBLIC	100,000.				DISASTER RELIEF MATC
(5) ESKENAZI HEALTH FOUNDATION 720 ESKENAZI AVENUE INDIANAPOLIS, IN 46202	311132066	501(C)(3) PUBLIC	19,091.				CIRCLE OF SECURITY P
(6) EVANSVILLE MUSEUM OF ARTS, HISTORY AND SCIE 411 E. RIVERSIDE DR.	350874517	501(C)(3) PUBLIC	8,000.				45TH MID STATES CRAF
(7) EXODUS REFUGEE IMMIGRATION, INC. 2457 E. WASHINGTON ST.	351900090	501(C)(3) PUBLIC	23,537.				CHARITABLE CONTRIBUT
(8) FAMILIES FIRST INDIANA, INC. 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350877572	501(C)(3) PUBLIC	30,000.				VISTAS: SERVICES FOR
(9) FAMILY PROMISE OF GREATER INDIANAPOLIS 1850 N. ARSENAL AVE.	351909912	501(C)(3) PUBLIC	65,000.				CHARITABLE CONTRIBUT
(10) FAY BICCARD GLICK NEIGHBORHOOD CENTER AT CR 2990 W. 71ST ST. INDIANAPOLIS, IN 46268	351738809	501(C)(3) PUBLIC	25,000.				LETTING OFF STEAM PR
(11) FEDERATED CHURCH 2400 SYCAMORE LN. WEST LAFAYETTE, IN 47906	356035897	501(C)(3) PUBLIC	7,500.				FEEDING THOSE IN NEE
(12) FEEDING AMERICA, KENTUCKY'S HEARTLAND P.O. BOX 821 ELIZABETHTOWN, KY 42702	611043635	501(C)(3) PUBLIC	7,500.				FEEDING THOSE IN NEE

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(1) FELEGE HIYWOT CENTER 1648 SHELDON ST. INDIANAPOLIS, IN 46218	200916223	501(C)(3) PUBLIC	18,750.				CAPACITY BUILDING TO
(2) FELLOWSHIP MISSIONS P.O. BOX 382 WINONA LAKE, IN 46590	272518264	501(C)(3) PUBLIC	25,000.				ADMINISTRATIVE EXPEN
(3) FESTIVAL MUSIC SOCIETY OF INDIANA 3646 BAY RD S. DR. INDIANAPOLIS, IN 46240	356068649	501(C)(3) PUBLIC	96,962.				GENERAL OPERATING SU
(4) FIRST PRESBYTERIAN CHURCH 9751 BONITA BEACH RD.	591622501	RELIGIOUS ORGAN	20,000.				GENERAL FUND
(5) FLANNER HOUSE OF INDIANAPOLIS, INC. 2424 DR. MARTIN LUTHER KING JR. ST.	350942628	501(C)(3) PUBLIC	50,000.				BRANDYWINE CREEK FAR
(6) FLETCHER PLACE COMMUNITY CENTER P.O. BOX 825 INDIANAPOLIS, IN 46206-0825	351966882	501(C)(3) PUBLIC	32,500.				ART IN THE CITY
(7) FOOD 4 SOULS 11807 ALLISONVILLE RD. FISHERS, IN 46038	462365561	501(C)(3) PUBLIC	6,000.				CHARITABLE CONTRIBUT
(8) FOOD BANK OF NORTHERN INDIANA 702 S. CHAPIN ST. SOUTH BEND, IN 46601	351898055	501(C)(3) PUBLIC	7,500.				FEEDING THOSE IN NEE
(9) FOOD BANK OF NORTHWEST INDIANA 2248 W. 35TH AVE. GARY, IN 46408	351528285	501(C)(3) PUBLIC	7,500.				FEEDING THOSE IN NEE
(10) FOOD FINDERS FOOD BANK INC. 50 OLYMPIA CT. LAFAYETTE, IN 47909-5182	311020198	501(C)(3) PUBLIC	7,500.				FEEDING THOSE IN NEE
(11) FRACTURED ATLAS 248 W. 35TH ST. NEW YORK, NY 10001	113451703	501(C)(3) PUBLIC	20,000.				ARTRAGEOUS WITH NATE
(12) FREE METHODIST WORLD MISSIONS 770 N. HIGH SCHOOL RD.	350877568	501(C)(3) PUBLIC	20,300.				SET FREE MOVEMENT

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(1) FREEWHEELIN' COMMUNITY BIKES 3355 N. CENTRAL AVE. INDIANAPOLIS, IN 46205	263748830	501(C)(3) PUBLIC	7,500.				YOUTH CYCLING TEAM
(2) FRIENDS OF MCCORMICK'S CREEK STATE PARK P.O. BOX 483 SPENCER, IN 47460	352004784	501(C)(3) PUBLIC	10,000.				RESTORATION OF THE 8
(3) FUND FOR HOOSIER EXCELLENCE, INC. P.O. BOX 97 INDIANAPOLIS, IN 46206	351579672	501(C)(3) PUBLIC	25,000.				SCHOLARSHIP SUPPORT
(4) GENE B. GLICK FAMILY HOUSING FOUNDATION, IN 8801 RIVER CROSSING BLVD., STE 200	201698926	501(C)(3) PUBLIC	195,000.				FEEDING THOSE IN NEE
(5) GENNESARET FREE CLINIC 615 N. ALABAMA ST.	351776518	501(C)(3) PUBLIC	50,000.				CHARITABLE CONTRIBUT
(6) GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351337205	501(C)(3) PUBLIC	6,000.				STRONG, HEALTHY RELA
(7) GIRLS INCORPORATED OF SHELBYVILLE/SHELBY CO 904 S. MILLER ST. SHELBYVILLE, IN 46176	351277849	501(C)(3) PUBLIC	25,000.				OPERATING SUPPORT
(8) GIVE AN HOUR P.O. BOX 5918 BETHESDA, MD 20824-5918	611493378	501(C)(3) PUBLIC	25,000.				THE CAMPAIGN TO CHAN
(9) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE.	351483868	501(C)(3) PUBLIC	27,273.				CHARITABLE CONTRIBUT
(10) GOODMAN THEATRE 170 N. DEARBORN ST. CHICAGO, IL 60601	362896025	501(C)(3) PUBLIC	25,000.				GENERAL OPERATING SU
(11) GOODWILL INDUSTRIES OF CENTRAL INDIANA, INC 1635 W. MICHIGAN ST.	350893506	501(C)(3) PUBLIC	75,000.				CRIME PREVENTION 201
(12) GREAT AMERICAN SONGBOOK FOUNDATION ONE CENTER GREEN CARMEL, IN 46032	260620716	501(C)(3) PUBLIC	75,000.				2017 SONGBOOK ACADEM

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(1) GREATER HOUSTON COMMUNITY FOUNDATION 5120 WOODWAY DR. HOUSTON, TX 77056	237160400	501(C)(3) PUBLIC	71,000.				HURRICANE HARVEY REL
(2) GREATER INDIANAPOLIS CHAMBER OF COMMERCE FO 111 MONUMENT CIR. INDIANAPOLIS, IN 46204	356017715	501(C)(3) PUBLIC	104,748.				MUSIC CITY CONVENTIO
(3) GREATER INDY HABITAT FOR HUMANITY 3135 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351715910	501(C)(3) PUBLIC	100,500.				CHARITABLE CONTRIBUT
(4) GREENE COUNTY COMMUNITY FOUNDATION 941 W. SECOND ST. XENIA, OH 45385	311751001	501(C)(3) PUBLIC	10,000.				PALMER MEMORIAL INST
(5) GROUNDWORK INDY 1107 BURDSAL PKWY INDIANAPOLIS, IN 46208	473863928	501(C)(3) PUBLIC	11,250.				RESILIENCE FELLOW
(6) GUERIN CATHOLIC HIGH SCHOOL 15300 N. GRAY RD. NOBLESVILLE, IN 46062	352103486	EDUCATIONAL ORG	5,600.				SOCCER UNIFORMS FOR
(7) HAMILTON COUNTY AREA NEIGHBORHOOD DEVELOPME 347 S. 8TH ST. NOBLESVILLE, IN 46060	320080849	501(C)(3) PUBLIC	25,000.				2018 HAMILTON COUNTY
(8) HAPPY HOLLOW CHILDREN'S CAMP, INC. 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350942648	501(C)(3) PUBLIC	6,259.				2017 SUMMER CAMP
(9) HARRISON CENTER FOR THE ARTS, INC. 1505 NORTH DELAWARE INDIANAPOLIS, IN 46202	010798626	501(C)(3) PUBLIC	12,500.				CHARITABLE CONTRIBUT
(10) HAWTHORNE COMMUNITY CENTER 2440 W. OHIO ST. INDIANAPOLIS, IN 46222	350874274	501(C)(3) PUBLIC	40,000.				HAWTHORNE SUMMER DAY
(11) HEALTHNET, INC. HOMELESS INITIATIVE PROGRAM OFFICE	351579827	501(C)(3) PUBLIC	30,197.				HOMELESS INITIATIVE
(12) HEALTHY CHESAPEAKE 748 BATTLEFIELD BLVD.	541735279	501(C)(3) PUBLIC	7,500.				FEEDING THOSE IN NEE

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(1) HEART AND SOUL CLINIC, INC. P.O. BOX 478 WESTFIELD, IN 46074	800390182	501(C)(3) PUBLIC	8,000.				HEART AND SOUL FREE
(2) HEART CHANGE MINISTRIES 1060 W. 106TH ST. CARMEL, IN 46032	010877614	501(C)(3) PUBLIC	9,750.				CHARITABLE CONTRIBUT
(3) HEARTLAND FILM INC. 1043 VIRGINIA AVE INDIANAPOLIS, IN 46203	351832797	501(C)(3) PUBLIC	102,500.				CULTURAL JOURNEY TO
(4) HEARTLINE PREGNANCY CENTER, INC. 1515 PROVIDENT DR. WARSAW, IN 46580	351620996	501(C)(3) PUBLIC	20,000.				CHARITABLE CONTRIBUT
(5) HERITAGE FUND OF BARTHOLOMEW COUNTY 538 FRANKLIN ST. COLUMBUS, IN 47202-1547	351343903	501(C)(3) PUBLIC	102,500.				EXHIBIT COLUMBUS
(6) HERITAGE PLACE OF INDIANAPOLIS, INC. 4550 N. ILLINOIS ST. INDIANAPOLIS, IN 46208	351436580	501(C)(3) PUBLIC	40,000.				COMBATING SOCIAL ISO
(7) HOOSIER BURN CAMP PO BOX 233 BATTLE GROUND, IN 47920-0233	352032919	501(C)(3) PUBLIC	7,650.				CHARITABLE CONTRIBUT
(8) HOOSIER ENVIRONMENTAL COUNCIL 3951 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351576694	501(C)(3) PUBLIC	83,000.				MATCH CHALLENGE SUPP
(9) HOOSIER SALON PATRONS ASSOCIATION 711 E. 65TH ST. INDIANAPOLIS, IN 46220	350393284	501(C)(3) PUBLIC	75,000.				NEW INITIATIVES SUPP
(10) HOPE HEALTHCARE SERVICES 107 PARK PLACE BOULEVARD AVON, IN 46123	830404310	501(C)(3) PUBLIC	22,000.				GENERAL OPERATING
(11) HORIZON HOUSE, INC. 1033 E. WASHINGTON ST.	351759503	501(C)(3) PUBLIC	8,350.				CHARITABLE CONTRIBUT
(12) HUMANE SOCIETY OF INDIANAPOLIS 7929 N. MICHIGAN RD. INDIANAPOLIS, IN 46268	350876385	501(C)(3) PUBLIC	16,900.				OUTDOOR ENCLOSURE PR

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(1) HYDE PARK ART CENTER 5020 S. CORNELL AVE. CHICAGO, IL 60615	362887294	501(C)(3) PUBLIC	10,000.				ART INSTALLATION IN
(2) IMMIGRANT WELCOME CENTER C/O SOUTHEAST COMMUNITY SERVICES	203222424	501(C)(3) PUBLIC	48,327.				2017 DISTRIBUTION
(3) INDIANA 211 PARTNERSHIP, INC. 3901 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	352141347	501(C)(3) PUBLIC	50,000.				INDIANA 211 STRATEGI
(4) INDIANA AUDUBON SOCIETY MARY GRAY BIRD SANCTUARY	356023489	501(C)(3) PUBLIC	13,400.				PROGRAMMING SUPPORT
(5) INDIANA CANINE ASSISTANT NETWORK, INC. 5610 CRAWFORDSVILLE RD.	352144155	501(C)(3) PUBLIC	14,500.				CHARITABLE CONTRIBUT
(6) INDIANA HISTORICAL SOCIETY 450 W. OHIO ST. INDIANAPOLIS, IN 46202	350876384	501(C)(3) PUBLIC	261,000.				CHAIRMAN'S CIRCLE
(7) INDIANA HUMANITIES 1500 N. DELAWARE ST.	351344382	501(C)(3) PUBLIC	70,500.				INCOMMON: HUMANITIES
(8) INDIANA LANDMARKS 1201 CENTRAL AVE. INDIANAPOLIS, IN 46202	351162873	501(C)(3) PUBLIC	70,000.				CHARITABLE CONTRIBUT
(9) INDIANA LATINO INSTITUTE 401 W. MICHIGAN ST. INDIANAPOLIS, IN 46202	260036285	501(C)(3) PUBLIC	25,003.				SCHOLARSHIP SUPPORT
(10) INDIANA LATINO SCHOLARSHIP FUND FOR GRANTMAKING PURPOSES ONLY	351793680	501(C)(3) PUBLIC	150,000.				TO SUPPORT THE MEXIC
(11) INDIANA REPERTORY THEATRE, INC. 140 W. WASHINGTON ST.	351186290	501(C)(3) PUBLIC	179,286.				CHARITABLE CONTRIBUT
(12) INDIANA SPORTS CORPORATION 201 S. CAPITOL AVE.	310975117	501(C)(3) PUBLIC	11,902.				2017 DISTRIBUTION

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Schedule I (Form 990) (2017)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.

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OMB No. 1545-0047

2017

Open to Public  
Inspection

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
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1 (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) INDIANA TRANSPORTATION MUSEUM P.O. BOX 83 NOBLESVILLE, IN 46061	356045485	501(C)(3) PUBLIC	514,766.				2016 DISTRIBUTION
(2) INDIANA UNIVERSITY FOUNDATION 301 UNIVERSITY BLVD. INDIANAPOLIS, IN 46202	356018940	501(C)(3) PUBLIC	82,816.				DR RAFAT ABENOUR RES
(3) INDIANAPOLIS ART CENTER 820 E. 67TH ST. INDIANAPOLIS, IN 46220	351088735	501(C)(3) PUBLIC	125,807.				ARTREACH 2016-17
(4) INDIANAPOLIS CHAMBER ORCHESTRA 4603 CLARENDON RD. INDIANAPOLIS, IN 46208	311132072	501(C)(3) PUBLIC	87,310.				CHARITABLE CONTRIBUT
(5) INDIANAPOLIS CHILDREN'S CHOIR 4600 SUNSET AVE. INDIANAPOLIS, IN 46208	351690755	501(C)(3) PUBLIC	250,000.				CHARITABLE CONTRIBUT
(6) INDIANAPOLIS COLTS FOUNDATION 7001 W. 56TH ST.	371451195	501(C)(3) PUBLIC	25,000.				2017 CHUCKSTRONG TAI
(7) INDIANAPOLIS CULTURAL TRAIL, INC. 132 W. WALNUT ST. INDIANAPOLIS, IN 46204	263831457	501(C)(3) PUBLIC	16,650.				ANNUAL ICT MAINTENAN
(8) INDIANAPOLIS JUNIOR TENNIS DEVELOPMENT FUND 8391 N. ILLINOIS ST.	23-7361641	501(C)(3) PUBLIC	35,000.				COMMUNITY INDOOR TEN
(9) INDIANAPOLIS LEGAL AID SOCIETY, INC. 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	351045153	501(C)(3) PUBLIC	40,000.				CRIME PREVENTION 201
(10) INDIANAPOLIS MUSEUM OF ART 4000 N. MICHIGAN RD.	350867955	501(C)(3) PUBLIC	31,217.				REPAIR OF LIQUID CHR
(11) INDIANAPOLIS MUSEUM OF CONTEMPORARY ART 1332 N. PARK AVE. INDIANAPOLIS, IN 46202	352155600	501(C)(3) PUBLIC	159,000.				GENERAL OPERATING SU
(12) INDIANAPOLIS NEIGHBORHOOD HOUSING PARTNERSH 3550 N. WASHINGTON BLVD	351742559	501(C)(3) PUBLIC	25,000.				INHP SOUTHSIDE EXPAN

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(1) INDIANAPOLIS PARKS FOUNDATION 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	351860468	501(C)(3) PUBLI	77,500.				LIFEGUARD TRAINING P
(2) INDIANAPOLIS PUBLIC SCHOOLS 120 E. WALNUT ST. INDIANAPOLIS, IN 46204	356002486	EDUCATIONAL ORG	200,000.				IPS OPPORTUNITY CULT
(3) INDIANAPOLIS SCHOOL OF BALLET 502 N. CAPITOL AVE. INDIANAPOLIS, IN 46204	342066059	501(C)(3) PUBLI	10,000.				BALLET SUMMER CAMPS
(4) INDIANAPOLIS SHAKESPEARE COMPANY C/O BUTLER UNIVERSITY DEPT OF THEATRE	562609331	501(C)(3) PUBLI	25,000.				2017 SEASON, OUTREAC
(5) INDIANAPOLIS SYMPHONY ORCHESTRA 32 E. WASHINGTON ST.	350998627	501(C)(3) PUBLI	180,248.				CHARITABLE CONTRIBUT
(6) INDY HUNGER NETWORK 1121 SOUTHEASTERN AVE.	454833492	501(C)(3) PUBLI	7,500.				FEEDING THOSE IN NEE
(7) INDY READS 40 E. ST. CLAIR ST. INDIANAPOLIS, IN 46204	311227489	501(C)(3) PUBLI	140,000.				CHARITABLE CONTRIBUT
(8) INDYBAROQUE MUSIC, INC. 4011 N. PENNSYLVANIA ST.	352107488	501(C)(3) PUBLI	6,189.				2017 DISTRIBUTION
(9) INDYHUB FOUNDATION 705 E WALNUT ST INDIANAPOLIS, IN 46202	455430916	501(C)(3) PUBLI	5,250.				NO MEAN CITY
(10) INTERCESSION GROUP, INC. P.O. BOX 611 WINONA LAKE, IN 46590	451607122	501(C)(3) PUBLI	36,000.				GENERAL OPERATING SU
(11) INTERNATIONAL JUSTICE MISSION P.O. BOX 96961 WASHINGTON, DC 20090-6961	541722887	501(C)(3) PUBLI	25,000.				CAMPAIGN 8
(12) IRVINGTON PRESBYTERIAN CHURCH 55 JOHNSON AVE. INDIANAPOLIS, IN 46219	350868021	501(C)(3) PUBLI	24,720.				2017 DISTRIBUTION

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(1) IUPUI - HERRON SCHOOL OF ART AND DESIGN 735 W. NEW YORK ST. INDIANAPOLIS, IN 46202	356001673	EDUCATIONAL ORG	51,000.				RANDOLPH H. DEER FIN
(2) IVY TECH FOUNDATION 50 W. FALL CREEK PKWY. N. DR.	237073977	501(C)(3) PUBLI	40,000.				#1 IVY TECH COMMUNIT
(3) JAMESON, INC. 2001 BRIDGEPORT RD. INDIANAPOLIS, IN 46231	351156756	501(C)(3) PUBLI	106,850.				CHARITABLE CONTRIBUT
(4) JEWISH FEDERATION OF GREATER INDIANAPOLIS 6705 HOOVER RD. INDIANAPOLIS, IN 46260-4120	350888017	501(C)(3) PUBLI	117,500.				ANNUAL CAMPAIGN SUPP
(5) JOHN P. CRAINE HOUSE, INC. 6130 N. MICHIGAN RD INDIANAPOLIS, IN 46228	351021203	501(C)(3) PUBLI	7,500.				CRAINE HOUSE RESIDEN
(6) JOHNSON COUNTY SENIOR SERVICES 731 S. STATE ST. FRANKLIN, IN 46131	351474817	501(C)(3) PUBLI	33,500.				CHARITABLE CONTRIBUT
(7) JOY'S HOUSE 2028 E. BROAD RIPPLE AVE.	352083290	501(C)(3) PUBLI	42,000.				JOY'S HOUSE OPERATIN
(8) UNITED WAY OF CENTRAL INDIANA 2955 N MERIDIAN ST. INDIANAPOLIS, IN 46208	351007590	501(C)(3) PUBLI	50,000.				GREATER LAWRENCE/FAR
(9) KEEP INDIANAPOLIS BEAUTIFUL, INC. 1029 FLETCHER AVE. INDIANAPOLIS, IN 46203	311005792	501(C)(3) PUBLI	168,500.				2017 YOUTH TREE TEAM
(10) KUABA HUMANITARIAN FOUNDATION 1 N. MERIDIAN INDIANAPOLIS, IN 46204	371500288	501(C)(3) PUBLI	6,500.				CLEAN WATER PROJECT
(11) LA PLAZA, INC. 8902 E. 38TH ST. INDIANAPOLIS, IN 46226	300029575	501(C)(3) PUBLI	120,245.				SCHOLARSHIP SUPPORT
(12) LAWRENCE COMMUNITY GARDENS, INC. 9653 ENGLISH OAK PL. INDIANAPOLIS, IN 46235	814628264	501(C)(3) PUBLI	7,500.				FEEDING THOSE IN NEE

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(1) LITTLE RED DOOR CANCER AGENCY 1801 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	350914096	501(C)(3) PUBLIC	296,000.				RIDES OF HOPE IF 201
(2) LITTLE SISTERS OF THE POOR OF INDIANAPOLIS, ST. AUGUSTINE HOME	351007734	RELIGIOUS ORGAN	20,000.				GENERAL PURPOSES
(3) LOCAL INITIATIVES SUPPORT CORPORATION 202 E. MARKET ST. INDIANAPOLIS, IN 46204	133030229	501(C)(3) PUBLIC	25,000.				CRIME PREVENTION 201
(4) LOCAL OFFICE ON AGING 706 CAMPBELL AVE, SW ROANOKE, VA 24016	540916248	501(C)(3) PUBLIC	7,500.				FEEDING THOSE IN NEE
(5) LOCKPORT MENNONITE CHURCH 9269 COUNTY RD. 21 N STRYKER, OH 43557	341096720	RELIGIOUS ORGAN	21,000.				CHARITABLE CONTRIBUT
(6) LOST CREEK GROVE RESTORATION & PRESERVATION P.O. BOX 3507 TERRE HAUTE, IN 47803	320130405	501(C)(3) PUBLIC	12,000.				LAWN CARE & MAINTENA
(7) MAGDALENE HOUSE CHICAGO P.O. BOX 1541 RIVERSIDE, IL 60546	473713877	501(C)(3) PUBLIC	101,000.				CHARITABLE CONTRIBUT
(8) MAIN STREET AURORA 231 MAIN ST. AURORA, IN 47001	352077984	501(C)(3) PUBLIC	7,500.				CRESCENT BREWING COM
(9) MANNERS OF THE HEART 763 N. BOULEVARD BATON ROUGE, LA 70802	680531760	501(C)(3) PUBLIC	45,000.				VIDEO PRODUCTION 3-D
(10) MAPLETON-FALL CREEK DEVELOPMENT CORPORATION 130 E. 30TH ST. INDIANAPOLIS, IN 46205	351654999	501(C)(3) PUBLIC	25,000.				STUTZ REVITALIZATION
(11) MARIAN UNIVERSITY 3200 COLD SPRING RD.	350868175	501(C)(3) PUBLIC	299,500.				AMERICAN LIBRARY ASS
(12) MARTIN LUTHER KING COMMUNITY CENTER 40 W. 40TH ST. INDIANAPOLIS, IN 46208	237415846	501(C)(3) PUBLIC	25,650.				YOUTH PROGRAMMING FO

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(1) MEALS ON WHEELS OF CENTRAL INDIANA P.O. BOX 40969 INDIANAPOLIS, IN 46240-0969	351182075	501(C)(3) PUBLIC	32,500.				FINANCIAL ASSISTANCE
(2) MEALS ON WHEELS WESTERN MICHIGAN 2900 WILSON AVE. SW GRANDVILLE, MI 49418	382535537	501(C)(3) PUBLIC	7,500.				FEEDING THOSE IN NEED
(3) MERIDIAN HILLS COOPERATIVE NURSERY SCHOOL, 7171 NORTH PENNSYLVANIA	351034316	501(C)(3) PUBLIC	7,021.				2017 DISTRIBUTION
(4) MEXICAN SCHOLARSHIP FUND 7373 HOLLIDAY DR. WEST	351793680	CICF FUND	377,150.				SCHOLARSHIP SUPPORT
(5) MID-EAST AREA AGENCY ON AGING 14535 MANCHESTER RD. MANCHESTER, MO 63011	431833987	501(C)(3) PUBLIC	7,500.				FEEDING THOSE IN NEED
(6) MID-LAND MEALS INC. 3313 CONCORD RD. LAFAYETTE, IN 47909	237337408	501(C)(3) PUBLIC	6,000.				FEEDING THOSE IN NEED
(7) MILAN '54 MUSEUM 201 W. CARR ST. MILAN, IN 47031	352112183	501(C)(3) PUBLIC	9,000.				LEGENDS SQUARE
(8) MILLIGAN COLLEGE P.O. BOX 750 MILLIGAN COLLEGE, TN 37682	620535755	501(C)(3) PUBLIC	100,000.				FUND AND PROGRAM SUP
(9) MILWAUKEE AREA TECHNICAL COLLEGE FOUNDATION 700 W. STATE ST. MILWAUKEE, WI 53233	391341603	501(C)(3) PUBLIC	20,000.				MEDICAL AND BIOLOGIC
(10) MITCHELL COMMUNITY COLLEGE 500 W. BROAD ST. STATESVILLE, NC 28677	561048429	EDUCATIONAL ORG	10,000.				MEDICAL AND BIOLOGIC
(11) SYCAMORE REHABILITATION SERVICES 1001 SYCAMORE LN. DANVILLE, IN 46122	351064235	501(C)(3) PUBLIC	25,000.				MORGAN COUNTY CONNEC
(12) MUSEUM OF CONTEMPORARY ART 220 E. CHICAGO AVE. CHICAGO, IL 60611	366154098	501(C)(3) PUBLIC	150,000.				MCA 50TH ANNIVERSARY

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(1) NEIGHBORLINK INDIANAPOLIS 5500 N MERIDIAN ST. INDIANAPOLIS, IN 46208	463002445	501(C)(3) PUBLIC	25,000.				FIVE YEAR SUSTAINABLE
(2) NEIGHBORS SPACE 445 N SACRAMENTO BLVD CHICAGO, IL 60612	364105593	501(C)(3) PUBLIC	94,900.				BRONZEVILLE NEIGHBORHOOD
(3) NELLY'S HOUSE P.O. BOX 656 SIMPSONVILLE, SC 29681	320189325	501(C)(3) PUBLIC	8,000.				CHARITABLE CONTRIBUTION
(4) NEW HARMONY ARTISTS GUILD P.O. BOX 27 NEW HARMONY, IN 47631	721462737	501(C)(3) PUBLIC	30,000.				SEASON OF BERNSTEIN
(5) NEW HARMONY PROJECT P.O. BOX 441062 INDIANAPOLIS, IN 46244-1062	351728624	501(C)(3) PUBLIC	26,000.				GENERAL OPERATING SUPPORT
(6) NEW HARMONY WORKING MEN'S INSTITUTE 407 W. TAVERN ST. NEW HARMONY, IN 47631	350921699	501(C)(3) PUBLIC	50,000.				GENERAL OPERATING SUPPORT
(7) NEW HARMONY WORKINGMENS INSTITUTE 407 W. TAVERN ST. NEW HARMONY, IN 47631	350921699	501(C)(3) PUBLIC	28,000.				VISIONING AND DESIGN
(8) NEW TRIBES MISSION 1000 E. FIRST ST. SANFORD, FL 32771	396024926	501(C)(3) PUBLIC	8,600.				PROJECT #202103
(9) ONE ACCORD INC., KIDS ALLEY P.O. BOX 594 AUDUBON, NJ 08106	223636813	501(C)(3) PUBLIC	58,000.				KIDS ALLEY PROGRAM SUPPORT
(10) OPENLANDS 25 E. WASHINGTON ST. CHICAGO, IL 60602	362649603	501(C)(3) PUBLIC	158,175.				FORESTRY TRUCK
(11) PARK TUDOR SCHOOL 7200 N. COLLEGE AVE. INDIANAPOLIS, IN 46240	350909976	501(C)(3) PUBLIC	31,500.				PHOTOGRAPHY II FIELD
(12) PARTNERS IN HOUSING 2811 E. 10TH ST. INDIANAPOLIS, IN 46201	351917637	501(C)(3) PUBLIC	6,750.				COMMUNITY BREAKFAST

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(1) PAWS CHICAGO 1933 N. MARCEY ST. CHICAGO, IL 60614	364219778	501(C)(3) PUBLIC	160,000.				SPAY/NEUTER PROGRAM,
(2) PEACE LEARNING CENTER 6040 DELONG RD. INDIANAPOLIS, IN 46254	352067284	501(C)(3) PUBLIC	20,400.				CHARITABLE CONTRIBUT
(3) PEOPLE FOR URBAN PROGRESS 1043 VIRGINIA AVE. INDIANAPOLIS, IN 46203	263733786	501(C)(3) PUBLIC	15,000.				CAPACITY BUILDING &
(4) PHILMONT STAFF ASSOCIATION PHILMONT SCOUT RANCH CIMARRON, NM 87714	237360180	501(C)(3) PUBLIC	5,006.				CHARITABLE CONTRIBUT
(5) PHOENIX THEATRE, INC. 749 N. PARK AVE. INDIANAPOLIS, IN 46202	311069575	501(C)(3) PUBLIC	12,889.				CHARITABLE CONTRIBUT
(6) PINE RIDGE BIBLE CHURCH 280 S. RAY QUINCY RD. QUINCY, MI 49082	382515062	RELIGIOUS ORGAN	10,000.				CHARITABLE CONTRIBUT
(7) PLANNED PARENTHOOD OF INDIANA AND KENTUCKY 200 S. MERIDIAN ST. INDIANAPOLIS, IN 46225	350874276	501(C)(3) PUBLIC	145,586.				GENERAL OPERATING
(8) PLANNED PARENTHOOD OF INDIANA, INC. 200 S. MERIDIAN ST. INDIANAPOLIS, IN 46225	350874276	501(C)(3) PUBLIC	70,780.				PPIN ENDOWMENT FUND
(9) PLANNED PARENTHOOD OF MICHIGAN IRWIN/MARTIN HEALTH CENTER	381707521	501(C)(3) PUBLIC	6,000.				CHARITABLE CONTRIBUT
(10) PLANNED PARENTHOOD OF NORTHERN CALIFORNIA 2185 PACHECO ST. CONCORD, CA 94520	941575233	501(C)(3) PUBLIC	6,000.				AREA OF MOST NEED
(11) PONETO UNITED METHODIST CHURCH 36 E. WALNUT ST. PONETO, IN 46781	237029178	501(C)(3) PUBLIC	7,500.				FEEDING THOSE IN NEE
(12) PREP YOUNG LIFE 4631 LISBORN DR. CARMEL, IN 46033	840385934	501(C)(3) PUBLIC	10,000.				ACCOUNT AG486, REGIO

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SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

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

2017

Open to Public  
Inspection

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
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(1) PRESERVATION SOCIETY OF UNION CITY INDIANA- 101 N. COLUMBIA ST. UNION CITY, IN 47390	351768712	501(C)(3) PUBLIC	7,310.				HISTORIC KIRSCHBAUM
(2) PRIMELIFE ENRICHMENT, INC. 1078 THIRD AVE. SW CARMEL, IN 46032	351411017	501(C)(3) PUBLIC	20,000.				PROGRAMMING SUPPORT
(3) PROACT COMMUNITY PARTNERSHIPS INC. 3401 N MERIDIAN ST INDIANAPOLIS, IN 46208	273951990	501(C)(3) PUBLIC	30,000.				GENERAL OPERATING SU
(4) INDIANA LATINO INSTITUTE 401 W. MICHIGAN ST. INDIANAPOLIS, IN 46202	260036285	501(C)(3) PUBLIC	69,964.				PROJECT STEPPING STO
(5) PURDUE FOUNDATION BEERING HALL OF LIBERAL ARTS & EDUCATION	351052049	501(C)(3) PUBLIC	28,500.				GIFTED EDUCATION RES
(6) PURDUE UNIVERSITY COOPERATIVE EXTENSION SER 155 S. GRANT ST. WEST LAFAYETTE, IN 47907	356002041	501(C)(3) PUBLIC	15,000.				FEEDING THOSE IN NEE
(7) QUEENS UNIVERSITY OF CHARLOTTE OFFICE OF ANNUAL GIVING CHARLOTTE, NC 28274	560530003	501(C)(3) PUBLIC	49,223.				GENERAL OPERATING
(8) R.S.V.P. VOLUNTEER CENTER 501 BURKHART DR. WASHINGTON, IN 47501	351760790	501(C)(3) PUBLIC	7,500.				FEEDING THOSE IN NEE
(9) RAPE VICTIM ADVOCATES 180 N. MICHIGAN AVE. CHICAGO, IL 60601	363049386	501(C)(3) PUBLIC	50,000.				UNRESTRICTED
(10) RECYCLEFORCE 1125 BROOKSIDE AVE. INDIANAPOLIS, IN 46202	141892402	501(C)(3) PUBLIC	20,000.				CRIME PREVENTION 201
(11) REMEMBER NHU P.O. BOX 27000 AKRON, OH 44319-7000	201461313	501(C)(3) PUBLIC	25,000.				GENERAL OPERATIONS
(12) RENEW INDIANAPOLIS, INC. C/O THE PLATFORM INDIANAPOLIS, IN 46204	800619587	501(C)(3) PUBLIC	10,000.				HOUSE LIFE PROJECT

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(1) RICHMOND ART MUSEUM 350 HUB ETCHISON PKWY	356005040	501(C)(3) PUBLI	15,000.				GENERAL OPERATING SU
(2) RIGHTFIT INC. 3401 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	813943390	501(C)(3) PUBLI	20,000.				PILOT PROGRAM
(3) RILEY CHILDREN'S FOUNDATION 30 S. MERIDIAN ST.	350868147	501(C)(3) PUBLI	65,200.				CHARITABLE CONTRIBUT
(4) ROGERS PUBLISHING CORPORATION NFP 2147 S. LUMBER ST. CHICAGO, IL 60616-1859	811450701	501(C)(3) PUBLI	60,000.				GENERAL OPERATING SU
(5) ROOSEVELT UNIVERSITY 430 S. MICHIGAN AVE. CHICAGO, IL 60605	362167854	501(C)(3) PUBLI	25,000.				BLACK MALE LEADERSHI
(6) SAMARITAN'S PURSE 801 BAMBOO RD. BOONE, NC 28607	581437002	501(C)(3) PUBLI	10,040.				HURRICANE HARVEY AND
(7) SARGENT SHRIVER NATIONAL CENTER ON POVERTY 67 E. MADISON CHICAGO, IL 60603	363151279	501(C)(3) PUBLI	50,000.				THE SHRIVER CHALLENG
(8) SCULPTURE TRAILS, INC. 6764 N. TREE FARM RD. SOLSBERRY, IN 47459	261746310	501(C)(3) PUBLI	25,000.				PROGRAM OPERATING SU
(9) SECOND CITY CANINE RESCUE P.O. BOX 721094 ROSELLE, IL 60172	453336498	501(C)(3) PUBLI	50,000.				FREEDOM RIDE
(10) SECOND HARVEST FOOD BANK OF EAST CENTRAL IN 6621 N. OLD SR 3 MUNCIE, IN 47303	311111795	501(C)(3) PUBLI	11,500.				FEEDING THOSE IN NEE
(11) SECOND HELPINGS, INC. THE EUGENE AND MARILYN GLICK CENTER	351484281	501(C)(3) PUBLI	139,500.				CHARITABLE CONTRIBUT
(12) SECOND PRESBYTERIAN CHURCH 7700 N. MERIDIAN ST.	350868030	RELIGIOUS ORGAN	6,250.				GENERAL OPERATING

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(1) SEEDS OF HOPE, INC. 1425 S. MICKLEY AVE.	352086855	501(C)(3) PUBLIC	50,000.				SEEDS OF HOPE OPERAT
(2) SENIOR CITIZENS, INC. 3025 BULL ST. SAVANNAH, GA 31405	580864009	501(C)(3) PUBLIC	7,500.				FEEDING THOSE IN NEE
(3) SERVANTS AT WORK 8811 ROBBINS RD INDIANAPOLIS, IN 46268	453825509	501(C)(3) PUBLIC	47,000.				CAPACITY BUILDING SU
(4) SERVANT'S HEART OF INDY, INC. 5602 ELMWOOD AVE INDIANAPOLIS, IN 46203	200123553	501(C)(3) PUBLIC	7,750.				CHARITABLE CONTRIBUT
(5) SF-MARIN FOOD BANK 900 PENNSYLVANIA AVE.	943041517	501(C)(3) PUBLIC	6,000.				CHARITABLE CONTRIBUT
(6) SHARES, INC. 1611 S. MILLER ST. SHELBYVILLE, IN 46176	351389005	501(C)(3) PUBLIC	20,596.				CHARITABLE CONTRIBUT
(7) SHELTERING WINGS CENTER FOR WOMEN P.O. BOX 92 DANVILLE, IN 46122	352077713	501(C)(3) PUBLIC	10,250.				CHARITABLE CONTRIBUT
(8) SHIRLEY RYAN ABILITYLAB 355 E. ERIE CHICAGO, IL 60611	362256036	501(C)(3) PUBLIC	5,150.				SKYRISE 2017
(9) SIERRA CLUB FOUNDATION 2101 WEBSTER ST. OAKLAND, CA 94612	946069890	501(C)(3) PUBLIC	100,250.				ENVIRONMENTAL LAW PR
(10) SOCIEDAD AMIGOS DE COLUMBIA, INC. (SADCO) P.O. BOX 1141 CARMEL, IN 46082	351624409	501(C)(3) PUBLIC	64,100.				SCHOLARSHIP SUPPORT
(11) SOCIETY OF ST. VINCENT DE PAUL 3001 E. 30TH ST.	371507632	501(C)(3) PUBLIC	28,500.				FEEDING THOSE IN NEE
(12) SOUTHEAST COMMUNITY SERVICES, INC. 901 S. SHELBY ST. INDIANAPOLIS, IN 46203	351318068	501(C)(3) PUBLIC	36,500.				SECS SUMMER STEAM

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(1) SPANISH WORLD MINISTRIES P.O. BOX 542 WINONA LAKE, IN 46590	351057536	501(C)(3) PUBLIC	6,000.				GENERAL OPERATING SU
(2) ST. MARY'S CHILD CENTER 901 DR. MARTIN LUTHER KING JR. ST.	351141484	501(C)(3) PUBLIC	27,025.				PROGRAMMING SUPPORT
(3) ST. PETERSBURG COLLEGE P.O. BOX 13489	591211489	EDUCATIONAL ORG	7,400.				DITKI COURSES
(4) ST. THOMAS MORE FREE CLINIC 1125 N. INDIANA ST. MOORESVILLE, IN 46158	593807171	501(C)(3) PUBLIC	10,000.				GENERAL OPERATING
(5) ST. VINCENT FOUNDATION 8402 HARCOURT RD. INDIANAPOLIS, IN 46260	356088862	501(C)(3) PUBLIC	7,700.				CHARITABLE CONTRIBUT
(6) STAND FOR CHILDREN LEADERSHIP CENTER 407 N FULTON ST INDIANAPOLIS, IN 46202	521957214	501(C)(3) PUBLIC	50,000.				UNRESTRICTED
(7) STARFISH INITIATIVE 6958 HILLSDALE CT. INDIANAPOLIS, IN 46250	562442758	501(C)(3) PUBLIC	17,500.				CHARITABLE CONTRIBUT
(8) SWIRCA & MORE 16 W. VIRGINIA EVANSVILLE, IN 47737	351330782	501(C)(3) PUBLIC	7,500.				FEEDING THOSE IN NEE
(9) T.R.U.S.T. 1919 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	371461387	501(C)(3) PUBLIC	25,000.				PRIDE SUMMER PROGRAM
(10) TEACHERS' TREASURES 1800 E. 10TH ST. INDIANAPOLIS, IN 46201	352100375	501(C)(3) PUBLIC	9,500.				TIME FROM THE HEART
(11) TECHPOINT FOUNDATION FOR YOUTH DEVELOPERTOWN, STE. #150	352155455	501(C)(3) PUBLIC	18,349.				ENABLING STEM TEACHE
(12) TEENWORKS 2820 MERIDIAN ST. STE 103	462047309	501(C)(3) PUBLIC	6,700.				TEENWORKS SUMMER EMP

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(1) THE ART INSTITUTE OF CHICAGO 111 S. MICHIGAN AVE. CHICAGO, IL 60603-6404	362167725	501(C)(3) PUBLIC	45,000.				TEEN LAB, SUSTAINING
(2) THE ATHENAEUM FOUNDATION, INC. 401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	351834667	501(C)(3) PUBLIC	20,000.				MASSACHUSETTS AVE PO
(3) THE CABARET 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	311225154	501(C)(3) PUBLIC	28,027.				2017 DISTRIBUTION
(4) THE CENTER FOR THE PERFORMING ARTS 355 W. CITY CENTER DR. CARMEL, IN 46032	203901164	501(C)(3) PUBLIC	142,858.				GENERAL OPERATING FU
(5) THE CHILDREN'S MUSEUM OF INDIANAPOLIS 3000 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	350867985	501(C)(3) PUBLIC	175,503.				EXTRAORDINARY TRANSF
(6) THE CONSERVATION LAW CENTER 116 S. INDIANA AVE. BLOOMINGTON, IN 47408	202321854	501(C)(3) PUBLIC	75,000.				MATCH SUPPORT & DIRE
(7) THE CULTURAL LANDSCAPE FOUNDATION 1711 CONNECTICUT AVE. NW	522092229	501(C)(3) PUBLIC	6,800.				WHAT'S OUT THERE WEE
(8) THE ENERGY FOUNDATION 301 BATTERY ST. SAN FRANCISCO, CA 94111	943126848	501(C)(3) PUBLIC	33,334.				SUPPORT OF NEW RENEW
(9) THE FIELD MUSEUM 1400 S. LAKE SHORE DR.	362167011	501(C)(3) PUBLIC	1,030,000.				CAPITAL CAMPAIGN SUP
(10) THE FORTUNE ACADEMY 5626 LAWTON LOOP E. DR.	352148108	501(C)(3) PUBLIC	18,000.				FORTUNE-DELAFIELD SC
(11) THE GREENLEAF CENTER FOR SERVANT-LEADERSHIP 770 PAWTUCKET DR WESTFIELD, IN 46074	046122305	501(C)(3) PUBLIC	48,175.				2017 DISTRIBUTION
(12) THE HEALTH FOUNDATION OF GREATER INDIANAPOL 429 E. VERMONT ST. INDIANAPOLIS, IN 46202	356203550	509 PF PRIVATE	50,000.				SPOTLIGHT 2017

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(1) THE HONEYWELL FOUNDATION 275 W. MARKET ST. WABASH, IN 46992	350390706	501(C)(3) PUBLIC	100,000.				CAPITAL SUPPORT
(2) THE INDIANAPOLIS PUBLIC LIBRARY FOUNDATION, P.O. BOX 6134 INDIANAPOLIS, IN 46206-6134	237016089	501(C)(3) PUBLIC	334,946.				SUMMER YOUTH PROGRAM
(3) THE JULIAN CENTER, INC. 2011 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351346514	501(C)(3) PUBLIC	50,114.				CHARITABLE CONTRIBUTION
(4) THE KITCHEN COMMUNITY 1980 8TH ST. BOULDER, CO 80302	275083595	501(C)(3) PUBLIC	70,000.				LEARNING GARDENS PROGRAM
(5) THE LINTNER FOUNDATION INC. 9501 E. 300 S. ZIONSVILLE, IN 46077	462871322	501(C)(3) PUBLIC	10,300.				CHARITABLE CONTRIBUTION
(6) THE LUGAR CENTER 1455 PENNSYLVANIA AVE., NW	461706566	501(C)(3) PUBLIC	50,000.				GENERAL OPERATING SUPPORT
(7) THE MANNA FOOD PROJECT 8791 MCBRIDE PARK CT.	382764533	501(C)(3) PUBLIC	7,500.				CHARITABLE CONTRIBUTION
(8) THE MIND TRUST 1630 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	204560286	501(C)(3) PUBLIC	250,000.				THE MIND TRUST GROWTH
(9) THE NATIONAL SOCIETY OF COLONIAL DAMES OF A 1207 GOLDEN HILL DR. INDIANAPOLIS, IN 46208	356022488	501(C)(3) PUBLIC	14,756.				HISTORIC LENZ HOUSE
(10) THE NATURE CONSERVANCY IN INDIANA 620 E. OHIO ST. INDIANAPOLIS, IN 46202-2418	530242652	501(C)(3) PUBLIC	51,043.				ENDOWMENT FUND SUPPORT
(11) THE NAVIGATORS P.O. BOX 6079 ALBERT LEA, MN 56007-6679	846007896	501(C)(3) PUBLIC	8,600.				DONOR #23762537
(12) THE ORCHARD SCHOOL 615 W. 64TH ST. INDIANAPOLIS, IN 46260-4798	350909975	EDUCATIONAL ORGANIZATION	25,000.				MULTI-DISCIPLINARY SUPPORT

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE SALVATION ARMY 3100 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	362167910	501(C)(3) PUBLIC	32,300.				CHARITABLE CONTRIBUTION
(2) THE SALVATION ARMY/LAKE COUNTY 8225 COLUMBIA AVE. MUNSTER, IN 46321-1888	362167910	501(C)(3) PUBLIC	7,500.				FEEDING THOSE IN NEED
(3) THE SHEPHERD'S CENTER OF HAMILTON COUNTY 347 S. 8TH. ST. NOBLESVILLE, IN 46060	311131854	501(C)(3) PUBLIC	25,000.				SENIOR NAVIGATOR SERVICES
(4) THEATRE ON THE SQUARE 627 MASSACHUSETTS AVE.	351747371	501(C)(3) PUBLIC	25,000.				CHARITABLE CONTRIBUTION
(5) TIDES FOUNDATION P.O. BOX 29903 SAN FRANCISCO, CA 94129-0903	510198509	501(C)(3) PUBLIC	6,000.				RENASCENT FOUNDATION
(6) TINDLEY ACCELERATED SCHOOLS 3960 MEADOWS DR. INDIANAPOLIS, IN 46205	352151971	501(C)(3) PUBLIC	6,000.				GENERAL OPERATING
(7) TRUSTED MENTORS 872 VIRGINIA AVE. INDIANAPOLIS, IN 46203	262661971	501(C)(3) PUBLIC	75,000.				GALA 17 TABLE SPONSOR
(8) TSERING'S FUND 47520 GALLATIN RD.	262077860	501(C)(3) PUBLIC	15,000.				CONSTRUCTION OF A RE
(9) TURNING POINT/COLUMBUS REGIONAL SHELTER P.O. BOX 103 COLUMBUS, IN 47202-0103	310993447	501(C)(3) PUBLIC	25,000.				DIRECT SERVICES AND
(10) UNITED CEREBRAL PALSY ASSOCIATION OF GREATER 8020 ZIONSVILLE RD. INDIANAPOLIS, IN 46268	350995988	501(C)(3) PUBLIC	79,174.				2017 DISTRIBUTION
(11) UNITED NEGRO COLLEGE FUND, INC. 3737 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	131624241	501(C)(3) PUBLIC	20,000.				FAR EASTSIDE SCHOLAR
(12) UNITED WAY OF CENTRAL INDIANA 2955 N MERIDIAN ST. INDIANAPOLIS, IN 46208	351007590	501(C)(3) PUBLIC	281,000.				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 . . . . . ►

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

Schedule I (Form 990) (2017)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2017

Open to Public  
Inspection

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY HIGH SCHOOL OF INDIANA 2825 W. 116TH ST. CARMEL, IN 46032	352034546	501(C)(3) PUBLIC	45,000.				GENERAL OPERATING
(2) UNIVERSITY OF EVANSVILLE IGLEHEART BUILDING EVANSVILLE, IN 47722	350868074	501(C)(3) PUBLIC	22,000.				EMERGING CONTEMPORAR
(3) UNIVERSITY OF INDIANAPOLIS 1400 E. HANNA AVE.	350868107	501(C)(3) PUBLIC	20,000.				MEN'S GOLF PROGRAM
(4) UNIVERSITY OF MICHIGAN COLLEGE OF LITERATURE, SCIENCE & ARTS	386006309	501(C)(3) PUBLIC	25,000.				EMERGING ARTIST IN
(5) UNIVERSITY OF SOUTHERN INDIANA FOUNDATION 8600 UNIVERSITY BLVD. EVANSVILLE, IN 47712	237042320	501(C)(3) PUBLIC	20,167.				NEW HARMONY GALLERY
(6) UNLIMITED POTENTIAL INC. P.O. BOX 1355 WARSAW, IN 46581-1355	311014369	501(C)(3) PUBLIC	7,000.				GENERAL OPERATING SU
(7) WARSAW COMMUNITY CHURCH 103 ENTERPRISE DR. WARSAW, IN 46580	351909524	501(C)(3) PUBLIC	6,000.				GENERAL OPERATING SU
(8) WATER FOR GOOD P.O. BOX 247 WINONA LAKE, IN 46590	320112278	501(C)(3) PUBLIC	27,000.				GENERAL OPERATING SU
(9) WEST INDIANAPOLIS DEVELOPMENT CORP. 1211 S. HIATT ST	351886746	501(C)(3) PUBLIC	9,932.				PROGRAMMING
(10) WEST LAFAYETTE PARKS AND RECREATION FOUNDAT P.O. BOX 2391 WEST LAFAYETTE, IN 47996	351950651	501(C)(3) PUBLIC	10,000.				1903 CARETAKER'S COT
(11) WFYI PUBLIC MEDIA 1630 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351147600	501(C)(3) PUBLIC	154,467.				GENERAL OPERATING
(12) WHEELER MISSION MINISTRIES 205 E. NEW YORK ST. INDIANAPOLIS, IN 46204	350888771	501(C)(3) PUBLIC	6,100.				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) (2017)

Name of the organization  
CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number  
35-1793680

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WILHELM REICH INFANT TRUST ORGONON RANGELEY, ME 04970	010485254	509 PF PRIVATE	28,450.				SILL REPAIRS AT THE
(2) WILLOW CREEK ASSOCIATION P.O. BOX 3188 BARRINGTON, IL 60011-3188	363799040	501(C)(3) PUBLI	275,000.				GLOBAL LEADERSHIP DE
(3) WOMEN'S FUND OF CENTRAL INDIANA 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	351793680	CICF FUND	738,191.				GENERAL OPERATING
(4) XAVIER UNIVERSITY ALUMNI CENTER CINCINNATI, OH 45207	310537516	501(C)(3) PUBLI	30,000.				VOLLEYBALL TEAM SUPP
(5) YMCA OF GREATER INDIANAPOLIS 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350868211	501(C)(3) PUBLI	541,866.				NEW PIKE YMCA
(6) YOUNG ACTORS THEATRE 401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	351556468	501(C)(3) PUBLI	12,500.				GENERAL OPERATING
(7) YOUNG LIFE CHESAPEAKE 173 MOUNT PLEASANT RD.	840385934	501(C)(3) PUBLI	40,000.				STAFFING, CAMPS AND
(8) YOUNG LIFE DAYTON 1682 N. LONGVIEW ST. BEAVERCREEK, OH 45432	840385934	501(C)(3) PUBLI	30,000.				BEAVERCREEK CHAPTER
(9) YOUTH & FAMILY HEALTH NETWORK INC. 114 S. MERIDIAN ST. LEBANON, IN 46052-3219	813174995	501(C)(3) PUBLI	10,000.				STARTUP FOR TRANSITI
(10) YOUTH SERVICES OF GLENVIEW/NORTHBROOK 3080 WEST LAKE AVE. GLENVIEW, IL 60026	363182275	501(C)(3) PUBLI	10,000.				CHARITABLE CONTRIBUT
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 346.
- 3 Enter total number of other organizations listed in the line 1 table ▶

**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
<b>1</b> SCHOLARSHIPS	203.	662,723.			
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

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

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

**5** For persons listed 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? **5a** ☐ Yes ☒ No
- b** Any related organization? **5b** ☐ Yes ☒ No
- 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? **6a** ☐ Yes ☒ No
- b** Any related organization? **6b** ☐ Yes ☒ No
- 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. **7** ☐ Yes ☒ No

**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. **8** ☐ Yes ☒ No

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** ☐ Yes ☒ No

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

Schedule J (Form 990) 2017

**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				
<b>1</b> BRIAN E. PAYNE PRESIDENT & CEO	(i)	168,263.	0.	0.	14,373.	11,262.	193,898.	0.
	(ii)	189,744.	0.	0.	16,207.	12,701.	218,652.	0.
<b>2</b> JENNIFER K. BARTENBACH CHIEF FINANCIAL OFFICER	(i)	105,906.	0.	0.	8,432.	315.	114,653.	0.
	(ii)	79,894.	0.	0.	6,361.	237.	86,492.	0.
<b>3</b> ROBERT A. MACPHERSON VP OF DEVELOPMENT	(i)	95,134.	0.	0.	11,112.	17,559.	123,805.	0.
	(ii)	58,308.	0.	0.	6,811.	10,762.	75,881.	0.
<b>4</b> ELIZABETH TATE VP OF COMMUNITY INVESTMENT	(i)	65,037.	0.	0.	8,484.	6,713.	80,234.	0.
	(ii)	79,490.	0.	0.	10,369.	8,206.	98,065.	0.
<b>5</b>	(i)							
	(ii)							
<b>6</b>	(i)							
	(ii)							
<b>7</b>	(i)							
	(ii)							
<b>8</b>	(i)							
	(ii)							
<b>9</b>	(i)							
	(ii)							
<b>10</b>	(i)							
	(ii)							
<b>11</b>	(i)							
	(ii)							
<b>12</b>	(i)							
	(ii)							
<b>13</b>	(i)							
	(ii)							
<b>14</b>	(i)							
	(ii)							
<b>15</b>	(i)							
	(ii)							
<b>16</b>	(i)							
	(ii)							

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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	26 .	2,828,012 .	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) (2017)

JSA

7E1298 1.000

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

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

NUMBER OF EMPLOYEES:

THE CENTRAL INDIANA COMMUNITY FOUNDATION INC (CICF) IS THE COMMON  
PAYMASTER FOR ALL OF OUR AFFILIATED ORGANIZATIONS AND SUPPORTING  
ORGANIZATIONS THAT HAVE PAYROLL INCLUDING: THE INDIANAPOLIS FOUNDATION,  
LEGACY FUND, WILLIAM E. ENGLISH FOUNDATION, INDIANAPOLIS PARKS  
FOUNDATION, AND NEXTECH.ORG. 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

35-1793680

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	\$ (420,029)
CHANGE IN DEFINED BENEFIT PENSION PLAN	(188,261)
TRANSFERS AND OTHER EXCHANGES	723,981
	-----

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

TOTAL: \$ 115,691

ATTACHMENT 1

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

THE MISSION OF CENTRAL INDIANA COMMUNITY FOUNDATION (CICF) IS TO INSPIRE, SUPPORT, AND PRACTICE PHILANTHROPY, LEADERSHIP, AND SERVICE IN OUR COMMUNITY. THROUGH THE GENEROSITY OF THOUSANDS OF DONORS, CICF IS THE STEWARD FOR CHARITABLE ASSETS FOCUSING ON THREE AREAS THAT MAKE CENTRAL INDIANA A BETTER PLACE TO LIVE FOR CURRENT AND FUTURE GENERATIONS: 1.) GRANTMAKING FROM A VARIETY OF FUNDS TO 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 2

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
OPERATING SUPPORT INCOME			490,629.
TOTALS			<u>490,629.</u>

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
THE HARRY WALKER AGENCY 355 LEXINGTON AVE. 21ST FL NEW YORK, NY 10017	EVENT CONSULTING	190,000.

Name of the organization	Employer identification number
CENTRAL INDIANA COMMUNITY FOUNDATION INC	35-1793680
ATTACHMENT 3 (CONT'D)	

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ENVISTA TECHNOLOGY SOLUTIONS LLC P.O. BOX 857004 MINNEAPOLIS, MN 55485-7004	COMPUTER CONSULTING	174,941.
LEVEMENTUM LLC 55 N. ARIZONA PL, STE 2013 CHANDLER, AZ 85225	COMPUTER CONSULTING	179,553.
CATALYST CONSTRUCTION MANAGEMENT, INC. 5158 E. 65TH ST. INDIANAPOLIS, IN 46220	CONSTRUCTION/REMODEL	515,218.
VASEY COMMERCIAL HTG & COOLING INC. 10830 ANDRADE DR. ZIONSVILLE, IN 46077	HEAT/COOL MAINT.	196,422.

ATTACHMENT 4FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
LATINO SCHOLARSHIP DINNER	347,345.
WOMEN'S FUND PWFP	283,900.
TOTAL	<u>631,245.</u>

ATTACHMENT 5FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
LATINO SCHOLARSHIP DINNER	11,710.		11,710.
WOMEN'S FUND PWFP	32,850.	107,578.	-74,728.
TOTALS	<u>44,560.</u>	<u>107,578.</u>	<u>-63,018.</u>

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE INDIANAPOLIS FOUNDATION, INC. 45-4618430 615 N. ALABAMA ST., STE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)3	7	CICF	X	
(2) THE WILLIAM E. ENGLISH FOUNDATION 35-0929970 615 N. ALABAMA ST., STE 119 INDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)3	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) 2017

JSA

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**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
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	X
<b>2</b> 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) THE INDIANAPOLIS FOUNDATION, INC.	C	88,464.	FMV
(2) INDIANAPOLIS PARKS FOUNDATION, INC.	B	77,500.	FMV
(3) THE WILLIAM E ENGLISH FOUNDATION	K/P	77,555.	FMV
(4) THE INDIANAPOLIS FOUNDATION, INC.	N	129,589.	FMV
(5) THE WILLIAM E ENGLISH FOUNDATION	N	808,587.	FMV
(6) THE INDIANAPOLIS FOUNDATION, INC.	O	1,374,582.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>		
<b>2</b> 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) THE WILLIAM E ENGLISH FOUNDATION	O	233,694.	FMV
(2) THE WILLIAM E ENGLISH FOUNDATION	Q	915,289.	FMV
(3) NEXTECH.ORG, INC.	Q	863,715.	FMV
(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.

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**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](http://www.irs.gov/form8868).**

OMB No. 1545-1709

**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](http://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.

		Enter filer's identifying number, see instructions
<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	CENTRAL INDIANA COMMUNITY FOUNDATION INC	35-1793680
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	615 NORTH ALABAMA STREET 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) . . . . . **01**

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, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 2017 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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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.**

Form **8868** (Rev. 1-2017)

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

OMB No. 1545-0687

**2017**Department of the Treasury  
Internal Revenue ServiceFor calendar year 2017 or other tax year beginning 01/01, 2017, and ending 12/31, 2017.▶ Go to **www.irs.gov/Form990T** for instructions and the latest information.

▶ 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

<b>A</b> <input type="checkbox"/> Check box if address changed	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D Employer identification number</b> (Employees' trust, see instructions.)
<b>B</b> Exempt under section		CENTRAL INDIANA COMMUNITY FOUNDATION INC	35-1793680
<input checked="" type="checkbox"/> 501( C )( 3 )		Number, street, and room or suite no. If a P.O. box, see instructions.	<b>E Unrelated business activity codes</b> (See instructions.)
<input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)		615 NORTH ALABAMA STREET 119	
<input type="checkbox"/> 408A <input type="checkbox"/> 530(a)	City or town, state or province, country, and ZIP or foreign postal code		
<input type="checkbox"/> 529(a)	INDIANAPOLIS, IN 46204		525990
<b>C</b> Book value of all assets at end of year	<b>F</b> Group exemption number (See instructions.) ▶		
444,073,426.	<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

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

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7) . . . . .		2		
3	Gross profit. Subtract line 2 from line 1c . . . . .		3		
4a	Capital gain net income (attach Schedule D) . . . . .		4a	21,341.	21,341.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .		4b		
c	Capital loss deduction for trusts . . . . .		4c		
5	Income (loss) from partnerships and S corporations (attach statement)		5	-917,434.	ATCH 1
6	Rent income (Schedule C) . . . . .		6		
7	Unrelated debt-financed income (Schedule E) . . . . .		7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10	Exploited exempt activity income (Schedule I) . . . . .		10		
11	Advertising income (Schedule J) . . . . .		11		
12	Other income (See instructions; attach schedule) . . . . .		12		
13	<b>Total.</b> Combine lines 3 through 12 . . . . .		13	-896,093.	-896,093.

**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	15,661.
15	Salaries and wages . . . . .	15	24,496.
16	Repairs and maintenance . . . . .	16	
17	Bad debts . . . . .	17	
18	Interest (attach schedule) . . . . .	18	
19	Taxes and licenses . . . . .	19	991.
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	
23	Depletion . . . . .	22b	
24	Contributions to deferred compensation plans . . . . .	23	
25	Employee benefit programs . . . . .	24	
26	Excess exempt expenses (Schedule I) . . . . .	25	8,379.
27	Excess readership costs (Schedule J) . . . . .	26	
28	Other deductions (attach schedule) . . . . . ATTACHMENT 2 . . . . .	27	
29	<b>Total deductions.</b> Add lines 14 through 28 . . . . .	28	52,218.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 . . . . .	29	101,745.
31	Net operating loss deduction (limited to the amount on line 30) . . . . .	30	-997,838.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . . .	31	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .	32	-997,838.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .	33	1,000.
		34	-997,838.

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2017)7X2740 2.000 JSA  
SE4554 D310

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**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ☒ **See instructions and:**

**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) . . . . . \$

(2) Additional 3% tax (not more than \$100,000) . . . . . \$

**c** Income tax on the amount on line 34. . . . . **35c**

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041). . . . . **36**

**37 Proxy tax.** See instructions . . . . . **37**

**38 Alternative minimum tax** . . . . . **38**

**39 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: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule). . . . . **43**

**44 Total tax.** Add lines 42 and 43. . . . . **44** 0.

**45 a** Payments: A 2016 overpayment credited to 2017 . . . . . **45a**

**b** 2017 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: ☐ Form 2439 ☐ Form 4136 ☐ Other Total **45g**

**46 Total payments.** Add lines 45a through 45g . . . . . **46**

**47** Estimated tax penalty (see instructions). Check if Form 2220 is attached. . . . . **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 2018 estimated tax** **Refunded** **50**

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

**51** At any time during the 2017 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**

**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? . . . . . **Yes No**  
If YES, see instructions for other forms the organization may have to file.

**Yes No**  
☐ ☒

**53** Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

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

Signature of officer **11/15/2018** Title **CFO**  
Date

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

**Paid Preparer Use Only**  
Print/Type preparer's name **NICOLE B FISHBACK** Preparer's signature **11/15/2018** Date  
Firm's name **BKD, LLP** Check ☐ if self-employed PTIN **P01279475**  
Firm's address **201 N. ILLINOIS STREET, INDIANAPOLIS, IN 46204** Firm's EIN **44-0160260** Phone no. **317.383.4000**

Form **990-T** (2017)



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

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

**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)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	

**(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)

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

**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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

Form **990-T** (2017)

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

ENCAP ENERGY CAPITAL FUND IX LP	-120,899.
GLOBAL ENVIRONMENT CAPITAL COMPANY LLC	-70.
ENTERPRISE PRODUCTS PARTNERS LP	-8,628.
GMO FORESTRY FUND 8-B LP	-8,758.
KAYNE ANDERSON ENERGY FUND III	-11,300.
KAYNE ANDERSON ENERGY FUND IV	-156,205.
AIF VI (LS AIV) LP	
LIME ROCK RESOURCES B LP	-16,760.
LEVEL EQUITY GROWTH PARTNERS I AIV (NB) LP	-6,915.
LEVEL EQUITY GROWTH PARTNERS II AIV (NB) LP	-85,534.
LEVEL EQUITY OPPORTUNITIES FUND 2015, LP	-4,949.
NATURAL GAS PARTNERS IX	-127,464.
LEVEL EQUITY GROWTH PARTNERS I LP	-5,616.
DENHAM COMMODITY PARTNERS FUND LP	-24,573.
METROPOLITAN REAL ESTATE PARTNERS	-169.
TRUEBRIDGE-KAUFFMAN ENDOWMENT FUND II LP	-612.
COMMON FUND CAPITAL VENTURE PARTNERS IX LP	-1,667.
THE VARDE FUND IX-A LP	-12.
KAYNE ANDERSON ENERGY FUND VI LP	-39,917.
AMBERBROOK IV LLC	-147.
AMBERBROOK V LLC	2,477.
AMBERBROOK VI LLC	-96.
NORTH SKY VENTURE FUND II LP	726.
AG SUPER FUND, LP	1,554.
YORKTOWN ENERGY PARTNERS IX LP	-173,197.
ONEOK PARTNERS LP	34,232.
PLAINS ALL AMERICAN PIPELINE LP	
ENERGY TRANSFER EQUITY LP	
MAGELLAN MIDSTREAM PARTNERS LP	-318.
THE BLACKSTONE GROUP LP	-1.
SUBURBAN PROPANE PARTNERS LP	116.
TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWMENT FUND III LP	-30.
KINDER MORGAN ENERGY PARTNERS, LP	-3,856.
ENR PARTNERS, LP	14,476.
EURO CHOICE SECONDARY	
KAYNE ANDERSON VII	-137,741.
MPLX, LP	
TRUEBRIDGE BVP VIII SPECIAL PURPOSE LLC	
S CORPORATION INCOME - SEE ATTACHED	1,573.
ENR PARTNERS II, LP	-6,532.
LEGP III AIV (NP) LP	-25,520.
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS	-9,755.
TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWMENT FUND IV LP	-689.
LDI LTD LLC	5,342.
INCOME (LOSS) FROM PARTNERSHIPS	<u>-917,434.</u>

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

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

AUDIT FEES	22,000.
TAX PREP FEES	16,500.
INVESTMENT MANAGEMENT FEES	13,718.

PART II - LINE 28 - OTHER DEDUCTIONS	<u>52,218.</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.

▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2017**

Name <b>CENTRAL INDIANA COMMUNITY FOUNDATION INC</b>	Employer identification number <b>35-1793680</b>
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**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

<b>See instructions for how to figure the amounts to enter on the lines below.</b> This form may be easier to complete if you round off cents to whole dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	<b>(h) Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	5.			5.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) . . . . .			<b>6</b>	( 3,294.)
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .			<b>7</b>	-3,289.

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

<b>See instructions for how to figure the amounts to enter on the lines below.</b> This form may be easier to complete if you round off cents to whole dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	<b>(h) Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .		5,507.		-5,507.
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .			<b>11</b>	30,137.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>13</b>	
<b>14</b> Capital gain distributions (see instructions) . . . . .			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .			<b>15</b>	24,630.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .	<b>17</b>	21,341.
<b>18</b> 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 . . . . .	<b>18</b>	21,341.

**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) 2017

**Sales and Other Dispositions of Capital Assets**► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

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

Name(s) shown on return

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Social security number or taxpayer identification number

35-1793680

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either 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 <b>Note</b> below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> 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	5.				5.
<b>2 Totals.</b> 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 <b>Box A</b> above is checked), line 2 (if <b>Box B</b> above is checked), or line 3 (if <b>Box C</b> above is checked) ►				5.				5.

**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** (2017)

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

Social security number or taxpayer identification number

CENTRAL INDIANA COMMUNITY FOUNDATION INC

35-1793680

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either 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 <b>Note</b> 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). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> 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		5,507.			-5,507.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ►					5,507.			-5,507.

**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.



Form **4797**Department of the Treasury  
Internal Revenue Service**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2017**Attachment  
Sequence No. **27**

Name(s) shown on return

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Identifying number

35-1793680

1 Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . .

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	ATTACHMENT 1						30,137.

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**

30,137.

**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):


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.

Form **4797** (2017)

**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	Property C	Property D
20	Gross sales price ( <b>Note:</b> 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	<b>If section 1245 property:</b>				
a	Depreciation allowed or allowable from line 22 . . . . .	25a			
b	Enter the <b>smaller</b> of line 24 or 25a . . . . .	25b			
26	<b>If section 1250 property:</b> 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 <b>smaller</b> 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 <b>smaller</b> of line 26c or 26d . . . . .	26e			
f	Section 291 amount (corporations only) . . . . .	26f			
g	Add lines 26b, 26e, and 26f. . . . .	26g			
27	<b>If section 1252 property:</b> 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 <b>smaller</b> of line 24 or 27b . . . . .	27c			
28	<b>If section 1254 property:</b>				
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 <b>smaller</b> of line 24 or 28a . . . . .	28b			
29	<b>If section 1255 property:</b>				
a	Applicable percentage of payments excluded from income under section 126. See instructions . . . . .	29a			
b	Enter the <b>smaller</b> 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	

Form **4797** (2017)

## Supplement to Form 4797 Part I Detail

ATTACHMENT 1

[illegible]

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: \$134,442

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: \$182,514

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: \$629

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: \$123,589

YORKTOWN ENERGY PARTNERS IX LP EIN: 27-3125579  
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$192,019

DENHAM COMMODITY PARTNERS VI, LP EIN: 45-2484628  
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$119,637

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

~~FEDERATION~~ ESTONIA SOUP LP EIN:20-8875684

DESCRIPTION: SECTION 59(E)(2) EXPENDITURES

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

REGULATION REFERENCE: IRS SEC. 59(E)(1); REG. 1.59-1(B)(1)  
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$1

ENR PARTNERS LP EIN:61-1765146  
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$33,406

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: \$164,972

TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWMENT FUND III LP EIN: 80-0917098  
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$61

TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWMENT FUND IV LP EIN: 47-4398785  
AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$108

**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](http://www.irs.gov/form8868).**

OMB No. 1545-1709

**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](http://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.

		Enter filer's identifying number, see instructions
<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	CENTRAL INDIANA COMMUNITY FOUNDATION INC	35-1793680
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	615 NORTH ALABAMA STREET 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, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 2017 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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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.**

Form **8868** (Rev. 1-2017)

**Central Indiana Community Foundation**  
**S Corporation Income**  
**12/31/2017**

**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.

Ordinary Business Income	7
Net rental real estate income (loss)	\$1,565
Interest Income	1
Net income reported on Line 5	<u><u>\$1,573</u></u>

**Central Indiana Community Foundation**  
**Capital Loss Carryforward**  
**12/31/2017**

<b>Tax Year</b>	<b>Federal Loss Generated</b>	<b>Federal Loss Utilized</b>	<b>Federal Remaining Loss C/F</b>
12/31/2016	(3,294)		(3,294)
12/31/2017		(3,294)	-



**Central Indiana Community Foundation**  
**Net Operating Loss Carryforward**  
**12/31/2017**

<b>Tax Year</b>	<b>Federal Income Generated</b>	<b>Federal NOL Generated</b>	<b>Federal NOL Utilized</b>	<b>Federal Remaining NOL C/F</b>
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)
12/31/2017		(997,838)		(3,144,177)

**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](http://www.irs.gov/form1120).**

OMB No. 1545-0123

Name <b>CENTRAL INDIANA COMMUNITY FOUNDATION</b>	Employer identification number <b>35-1793680</b>
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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				
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) Total (add columns (c) through (f))
<b>1</b> INDIANAPOLIS PARKS FOUNDATION	35-1860468	2017-12	0.00	0.00	0.00	0.00	
<b>2</b> MCCAW FAMILY FOUNDATION	35-2057394	2017-12	0.00	0.00	0.00	0.00	
<b>3</b> THE INDIANAPOLIS FOUNDATION INC.	45-4618430	2017-12	0.00	0.00	0.00		
<b>4</b> CENTRAL INDIANA COMMUNITY FOUNDATION	35-1793680	2017-12	0.00	0.00	0.00	0.00	
<b>5</b> THE WILLIAM E. ENGLISH FOUNDATION	35-0929970	2017-12	50,000.00	23,905.00	0.00	0.00	73,905.00
<b>6</b>							
<b>7</b>							
<b>8</b>							
<b>9</b>							
<b>10</b>							
<b>Total</b>			50,000.00	23,905.00			73,905.00

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))
<b>1</b> INDIANAPOLIS PARKS FOUNDATION	0.00	0.00	0.00	0.00	0.00	0.00	
<b>2</b> MCCAW FAMILY FOUNDATION	0.00	0.00	0.00	0.00	0.00	0.00	
<b>3</b> THE INDIANAPOLIS FOUNDATION INC.	0.00	0.00	0.00	0.00	0.00	0.00	
<b>4</b> CENTRAL INDIANA COMMUNITY FOUNDATION	0.00	0.00	0.00	0.00	0.00	0.00	
<b>5</b> THE WILLIAM E. ENGLISH FOUNDATION	7,500.00	5,976.00	0.00	0.00	0.00	0.00	13,476.00
<b>6</b>							
<b>7</b>							
<b>8</b>							
<b>9</b>							
<b>10</b>							
<b>Total</b>	7,500.00	5,976.00					13,476.00

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

**Part IV Other Apportionments** (See instructions)

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

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