



Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the “Using the Internet” section which follows.) These rules apply to an organization’s Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption.¹ If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization **may omit names and addresses of contributors from its return(s)**. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

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

Where Must Information Be Provided?

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

How Quickly Must Organizations Reply?

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

Written Requests

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

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

¹ Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, *e.g.*, information relating to a trade secret, patent, process, style of work or apparatus of the organization.

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

Local or Subordinate Organizations

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

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

Using the Internet

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

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

What if the Requests Are a Form of Harassment?

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

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

Return of Organization Exempt From Income Tax

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 for instructions and the latest information.

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning , **2019**, and ending , **20**

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Final return/terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization: **CENTRAL INDIANA COMMUNITY FOUNDATION INC**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
615 NORTH ALABAMA STREET 300
 City or town, state or province, country, and ZIP or foreign postal code
INDIANAPOLIS, IN 46204

D Employer identification number: **35-1793680**

E Telephone number: **(317) 634-2423**

F Name and address of principal officer: **BRIAN PAYNE**
615 NORTH ALABAMA ST STE 300, INDIANAPOLIS, IN 46204

G Gross receipts \$ **125,558,379.**

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**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1997** **M** State of legal domicile: **IN**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CICF IS A CATALYST FOR PROGRESS, AND A SUPPORTER OF VISIONARY IDEAS WITH THE POWER TO IMPROVE OUR COMMUNITY AND THE LIVES OF ITS RESIDENTS.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 22.
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 22.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 23.
	6 Total number of volunteers (estimate if necessary) 6 22.
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -938,005.
7b Net unrelated business taxable income from Form 990-T, line 39 7b	
Revenue	8 Contributions and grants (Part VIII, line 1h) 11,440,485. Prior Year 20,215,129. Current Year
	9 Program service revenue (Part VIII, line 2g) 1,454,687. 1,454,687.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -14,979,582. 57,409,878.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -60,034. -140,190.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) -2,144,444. 78,063,459.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 24,673,363. 29,610,531.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,657,988. 2,948,083.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,073,014.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,475,836. 3,268,231.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 31,807,187. 35,826,845.
19 Revenue less expenses. Subtract line 18 from line 12 -33,951,631. 42,236,614.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 407,923,318. Beginning of Current Year 447,971,651. End of Year
	21 Total liabilities (Part X, line 26) 15,446,475. 15,446,475. 13,708,022.
	22 Net assets or fund balances. Subtract line 21 from line 20. 392,476,843. 392,476,843. 434,263,629.

Part II Signature Block

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

Sign Here

Signature of officer: **JENNIFER K. BARTENBACH** EXECUTIVE VP AND CFO
 Date: **11/15/2020**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **NICOLE B FISHBACK** Preparer's signature: _____ Date: **11/15/2020** Check if self-employed PTIN: **P01279475**
 Firm's name ▶ **BKD, LLP** Firm's EIN ▶ **44-0160260**
 Firm's address ▶ **201 N. ILLINOIS STREET INDIANAPOLIS, IN 46204** Phone no. **317.383.4000**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO MOBILIZE PEOPLE, IDEAS AND INVESTMENTS TO MAKE THIS A COMMUNITY
WHERE ALL INDIVIDUALS HAVE EQUITABLE OPPORTUNITY TO REACH THEIR
FULL POTENTIAL - NO MATTER PLACE, RACE OR IDENTITY.

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 \$ 22,808,203. including grants of \$ 21,544,354.) (Revenue \$)
WE HELP PEOPLE INVEST IN THE CAUSES THAT MATTER MOST TO THEM.

4b (Code:) (Expenses \$ 3,253,931. including grants of \$ 2,307,015.) (Revenue \$)
WE AWARD GRANTS TO EFFECTIVE NOT-FOR-PROFIT ORGANIZATIONS.

4c (Code:) (Expenses \$ 6,762,952. including grants of \$ 5,759,162.) (Revenue \$)
WE PROVIDE LEADERSHIP TO MAKE CENTRAL INDIANA A BETTER, MORE
BEAUTIFUL, MORE EQUITABLE COMMUNITY.

4d Other program services (Describe on Schedule O.) ATTACHMENT 1
(Expenses \$ including grants of \$) (Revenue \$ 578,642.)

4e Total program service expenses ▶ 32,825,086.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable trusts.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (22), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on 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

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. See instructions for the order in which to list the persons above.

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 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) BRIAN E. PAYNE PRESIDENT AND CEO	19.00 23.00			X				204,542.	230,654.	53,973.
(2) JENNIFER K. BARTENBACH CHIEF FINANCIAL OFFICER	23.00 19.00			X				129,409.	97,624.	18,334.
(3) ROBERT A. MACPHERSON VP OF DEVELOPMENT	25.00 15.00			X				107,449.	65,856.	70,610.
(4) JENNIFER POPE BAKER EXEC. DIRECTOR OF WOMEN'S FUND	40.00 0.					X		138,247.	0.	37,536.
(5) TAMARA WINFREY-HARRIS VP OF COMMUNITY LEADERSHIP	24.00 20.00			X				78,367.	52,244.	28,249.
(6) BRENDA K. DELANEY CONTROLLER	24.00 16.00					X		65,979.	45,849.	41,573.
(7) JENNIFER SCHRIER DIRECTOR OF FINANCE	24.00 16.00					X		65,845.	45,756.	34,392.
(8) PAMELA ROSS VP OF OPP'TY, EQUITY, & INCL.	16.00 24.00					X		47,522.	71,283.	18,106.
(9) CYNTHIA SIMON SKJODT DIRECTOR	1.00 2.00	X		X				0.	0.	0.
(10) GREGORY F. HAHN CHAIR	1.00 2.00	X		X				0.	0.	0.
(11) KATHERINE L. DAVIS TREASURER	1.00 2.00	X		X				0.	0.	0.
(12) AASIF BADE VICE-CHAIR	1.00 0.		X	X				0.	0.	0.
(13) MICHAEL J. SIMMONS SECRETARY	1.00 0.		X	X				0.	0.	0.
(14) DUANE INGRAM DIRECTOR	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) J.A. LACY ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(16) JAY MERRELL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(17) ANN O'HARA ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(18) MYRTA J. PULLIAM ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(19) MARISOL SANCHEZ ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(20) MILTON O. THOMPSON ----- DIRECTOR	1.00 ----- 2.00	X						0.	0.	0.
(21) LEE WHITE ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(22) DARRIANNE CHRISTIAN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(23) DAVID BECKER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(24) JOHN HOOVER ----- DIRECTOR	1.00 ----- 2.00	X						0.	0.	0.
(25) BRENDA HORN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								837,360.	609,266.	302,773.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								837,360.	609,266.	302,773.

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 **▶** 4

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 8

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			
(26) UNA OSILI ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(27) CHARLES SUTPHIN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(28) MOLLY WILKINSON CHAVERS ----- DIRECTOR	1.00 ----- 1.00	X					0.	0.	0.	
(29) LISA ALLEN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(30) MARIANNE GLICK ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 4

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

Section B. Independent Contractors

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

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

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	433,450.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	19,781,679.					
	g Noncash contributions included in lines 1a-1f.	1g	\$ 1,463,238.					
	h Total. Add lines 1a-1f ▶			20,215,129.				
	Program Service Revenue				Business Code			
2a OPERATING SUPPORT INCOME				900099	578,642.	578,642.		
b _____								
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f ▶				578,642.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			3,237,727.		-938,005.	4,175,732.	
	4 Income from investment of tax-exempt bond proceeds . ▶			0.				
	5 Royalties ▶			0.				
	6a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss) ▶				0.			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales expenses . .	7b	47,323,380.			
			c Gain or (loss)	7c	54,172,151.			
	d Net gain or (loss) ▶				54,172,151.		54,172,151.	
	8a Gross income from fundraising events (not including \$ 433,450. of contributions reported on line 1c). See Part IV, line 18	8a			31,350.			
			b Less: direct expenses	8b	171,540.			
			c Net income or (loss) from fundraising events. ▶				-140,190.	
	9a Gross income from gaming activities. See Part IV, line 19	9a			0.			
b Less: direct expenses			9b	0.				
c Net income or (loss) from gaming activities. ▶						0.		
10a Gross sales of inventory, less returns and allowances	10a			0.				
		b Less: cost of goods sold	10b	0.				
		c Net income or (loss) from sales of inventory. ▶				0.		
Miscellaneous Revenue				Business Code				
	11a _____							
	b _____							
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d ▶				0.				
12 Total revenue. See instructions ▶				78,063,459.	578,642.	-938,005.	58,207,693.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	28,686,668.	28,686,668.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	923,863.	923,863.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	616,312.	308,156.	184,894.	123,262.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	1,592,800.	796,400.	477,840.	318,560.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	296,056.	148,028.	88,817.	59,211.
9 Other employee benefits	277,686.	138,843.	83,306.	55,537.
10 Payroll taxes	165,229.	82,614.	49,569.	33,046.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	112,459.	56,229.	33,738.	22,492.
c Accounting	66,273.	33,136.	19,882.	13,255.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	851,254.	532,034.	319,220.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	97,576.	48,788.	29,273.	19,515.
12 Advertising and promotion	141,250.	70,625.	42,375.	28,250.
13 Office expenses	55,436.	27,718.	16,631.	11,087.
14 Information technology.	233,186.	116,593.	69,956.	46,637.
15 Royalties.	0.			
16 Occupancy	384,226.	192,113.	115,268.	76,845.
17 Travel	27,357.	13,679.	8,207.	5,471.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	51,633.	25,816.	15,490.	10,327.
20 Interest	0.			
21 Payments to affiliates.	0.			
22 Depreciation, depletion, and amortization	628,870.	314,435.	188,661.	125,774.
23 Insurance	60,669.	30,334.	18,201.	12,134.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSULTING	376,072.	188,036.	112,822.	75,214.
b EMPLOYEE RELATIONS	136,963.	68,481.	41,089.	27,393.
c DUES & MEMBERSHIPS	39,070.	19,535.	11,721.	7,814.
d MISCELLANEOUS	5,937.	2,962.	1,785.	1,190.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	35,826,845.	32,825,086.	1,928,745.	1,073,014.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	21,725,056.	2	17,623,268.
	3 Pledges and grants receivable, net	5,336,949.	3	4,831,903.
	4 Accounts receivable, net.	0.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,074,516.		
	b Less: accumulated depreciation	10b 4,737,356.	4,290,580.	10c 6,337,160.
	11 Investments - publicly traded securities.	226,038,045.	11	292,451,565.
	12 Investments - other securities. See Part IV, line 11	145,240,424.	12	120,738,173.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	5,292,264.	15	5,989,582.
16 Total assets. Add lines 1 through 15 (must equal line 33)	407,923,318.	16	447,971,651.	
Liabilities	17 Accounts payable and accrued expenses	2,788,794.	17	2,739,173.
	18 Grants payable	10,589,479.	18	8,784,384.
	19 Deferred revenue.	0.	19	0.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,068,202.	25	2,184,465.
	26 Total liabilities. Add lines 17 through 25.	15,446,475.	26	13,708,022.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	374,916,830.	27	415,317,430.
	28 Net assets with donor restrictions.	17,560,013.	28	18,946,199.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	392,476,843.	32	434,263,629.
33 Total liabilities and net assets/fund balances	407,923,318.	33	447,971,651.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	78,063,459.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,826,845.
3	Revenue less expenses. Subtract line 2 from line 1	3	42,236,614.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	392,476,843.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-449,828.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	434,263,629.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

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)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

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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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,591,242.	20,482,758.	17,005,182.	11,440,485.	20,215,129.	87,734,796.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	18,591,242.	20,482,758.	17,005,182.	11,440,485.	20,215,129.	87,734,796.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						11,552,587.
6 Public support. Subtract line 5 from line 4						76,182,209.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	18,591,242.	20,482,758.	17,005,182.	11,440,485.	20,215,129.	87,734,796.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,566,183.	3,484,479.	3,888,668.	3,647,909.	3,237,727.	17,824,966.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	36,650.	43,650.	44,560.	33,250.	31,350.	189,460.
11 Total support. Add lines 7 through 10						105,749,222.
12 Gross receipts from related activities, etc. (see instructions)					12	3,760,732.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	72.04 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	70.84 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
<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) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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	2015	2016	2017	2018	2019	TOTAL
SPECIAL EVENT INCOME	36,650.	43,650.	44,560.	33,250.	31,350.	189,460.
TOTALS	<u>36,650.</u>	<u>43,650.</u>	<u>44,560.</u>	<u>33,250.</u>	<u>31,350.</u>	<u>189,460.</u>

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to 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		\$ 3,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 486,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 516,426.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 3,522,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,738,138.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
35-1793680

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		\$ 521,871.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 864,004.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 530,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number

35-1793680

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	MARKETABLE SECURITIES	\$ 521,871.	03/14/2019

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

Employer identification number

35-1793680

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

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization CENTRAL INDIANA COMMUNITY FOUNDATION INC	Employer identification number 35-1793680
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2019

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

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

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

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

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		14,100.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			14,100.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE C, PART II-B, LINE 1F

GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES:

LOBBYING EXPENSES ARE PAID TO OUTSIDE ORGANIZATIONS THAT LOBBY ON BEHALF

OF COMMUNITY FOUNDATIONS AND RELATED ISSUES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 for instructions and the latest information.

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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.

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

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions 3-9 regarding monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a-1b and 2a-2b regarding reporting of art and historical treasures.

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

Schedule D (Form 990) 2019

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	207,768,112.	226,229,626.	202,278,678.	194,774,805.	209,079,534.
b Contributions	3,745,743.	1,592,541.	7,286,921.	10,915,476.	-1,012,055.
c Net investment earnings, gains, and losses	31,381,774.	-11,232,291.	27,615,379.	11,415,366.	-981,864.
d Grants or scholarships	12,512,297.	7,656,275.	9,903,926.	13,867,766.	11,258,848.
e Other expenditures for facilities and programs					
f Administrative expenses	1,084,097.	1,165,489.	1,047,426.	959,203.	1,051,962.
g End of year balance	229,299,235.	207,768,112.	226,229,626.	202,278,678.	194,774,805.

- 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** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		7,678,344.	3,284,572.	4,393,772.
d Equipment		2,697,771.	1,154,028.	1,543,743.
e Other		698,401.	298,756.	399,645.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,337,160.

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	120,738,173.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	120,738,173.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INCOME BENEFICIARIES PAYABLE	1,959,122.
(3) DUE TO OTHER FUNDS	225,343.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,184,465.

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 FASB 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 78,063,459.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 35,826,845.

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	\$ 20,781
CHANGE IN DEFINED BENEFIT PENSION PLAN	394,117

TOTAL	\$ 414,898

SCHEDULE D, PART XII, LINE 2D

OTHER RECONCILING ITEMS:

TRANSFERS AND OTHER EXCHANGES	\$ 34,930
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**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 for instructions and the latest information.

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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	102,707,672.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					102,707,672.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					102,707,672.

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

Schedule F (Form 990) 2019

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)							

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 G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization CENTRAL INDIANA COMMUNITY FOUNDATION INC	Employer identification number 35-1793680
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Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		POWER OF PHILAN (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	464,800.			464,800.
	2 Less: Contributions	433,450.			433,450.
	3 Gross income (line 1 minus line 2)	31,350.			31,350.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,419.			6,419.
	7 Food and beverages	36,001.			36,001.
	8 Entertainment	100,000.			100,000.
	9 Other direct expenses	29,120.			29,120.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				171,540.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-140,190.

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)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 2ND MILE ADVENTURES INC. 2562 WALTON BLVD. WARSAW, IN 46582	260293304	501(C)(3) PUBLI	52,920.				GENERAL OPERATING SU
(2) 420 MINISTRIES 917 N RURAL ST INDIANAPOLIS, IN 46201	815407454	501(C)(3) PUBLI	5,500.				TO BE USED AT THE OR
(3) ABOVE & BEYOND CHILDREN'S MUSEUM 902 N. 8TH ST. SHEBOYGAN, WI 53081	391739087	501(C)(3) PUBLI	25,000.				WHALE MURAL MATCH CH
(4) AGAPE THERAPEUTIC RIDING RESOURCES, INC. 24970 MT. PLEASANT RD.	311193132	501(C)(3) PUBLI	23,000.				HORSES HELPING HOOSI
(5) AGE WELL SERVICES OF WEST MICHIGAN TANGLEWOOD PARK MUSKEGON, MI 49444	382033822	501(C)(3) PUBLI	7,500.				CHARITABLE CONTRIBUT
(6) AGNES AND ABRAM GAAR FOUNDATION INC. 1623 STATE RD. 227 N	351814771	501(C)(3) PUBLI	10,000.				EXTERIOR REHABILITAT
(7) AINSLEY'S ANGELS OF AMERICA P.O. BOX 265 RUSSIAVILLE, IN 46979	453576353	501(C)(3) PUBLI	5,400.				RACING CHARIOTS
(8) ALBION COLLEGE OFFICE OF INSTITUTIONAL ADVANCEMENT	381359081	501(C)(3) PUBLI	25,000.				GENERAL OPERATING
(9) ALEX'S LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD.	562496146	501(C)(3) PUBLI	25,918.				KICK IT CHAMPIONS
(10) ALL SAINTS' EPISCOPAL CHURCH 4550 N. HERMITAGE AVE. CHICAGO, IL 60640	362362361	RELIGIOUS ORGAN	13,000.				MOTE MOGOMBA EDUCATI
(11) ALPHA TAU OMEGA FOUNDATION 333 NORTH ALABAMA STREET	237154214	501(C)(3) PUBLI	10,439.				2019 DISTRIBUTION
(12) ALS ASSOCIATION INDIANA CHAPTER 7202 E. 87TH ST.	352029321	501(C)(3) PUBLI	8,226.				TO BE USED AT THE OR

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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN CIVIL LIBERTIES UNION OF INDIAN 1031 E. WASHINGTON ST.	237398358	501(C)(3) PUBLI	181,183.				TO BE USED AT THE OR
(2) AMERICAN CIVIL LIBERTIES UNION OF MINNESOTA 2300 MYRTLE AVE. SAINT PAUL, MN 55114	416050012	501(C)(3) PUBLI	6,000.				TO BE USED AT THE OR
(3) AMERICAN DIABETES ASSOCIATION 20700 CIVIC CENTER DR. SOUTHFIELD, MI 48076	131623888	501(C)(3) PUBLI	10,375.				CHARITABLE CONTRIBUT
(4) AMERICAN PIANISTS ASSOCIATION, INC. 4603 CLARENDON RD. INDIANAPOLIS, IN 46208	310969640	501(C)(3) PUBLI	464,974.				2019 DISTRIBUTION
(5) AMERICAN WRITERS MUSEUM 180 N. MICHIGAN AVE. CHICAGO, IL 60601	271822749	501(C)(3) PUBLI	10,000.				YOUTH ED SPONSORSHIP
(6) AMERICANS FOR THE ARTS 1000 VERMONT AVE. WASHINGTON, DC 20090-1261	521996467	501(C)(3) PUBLI	12,500.				ARTS & CULTURE LEADE
(7) AMERICA'S SECOND HARVEST OF COASTAL GEORGIA 2501 E. PRESIDENT ST. SAVANNAH, GA 31404	581442013	501(C)(3) PUBLI	7,500.				CHARITABLE CONTRIBUT
(8) ANCHOR HOUSE, INC. 250 S. VINE ST. SEYMOUR, IN 47274	351803634	501(C)(3) PUBLI	7,500.				CHARITABLE CONTRIBUT
(9) ARTHRITIS FOUNDATION INDIANA CHAPTER, INC. 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	581341679	501(C)(3) PUBLI	10,500.				2019 INITIATIVES & E
(10) ARTISTS FOR PEACE AND JUSTICE 87 WALKER ST #6B NEW YORK, NY 10013	263873642	501(C)(3) PUBLI	14,000.				INTERNET INFRASTRUCT
(11) ARTMIX 1505 N. DELAWARE ST. INDIANAPOLIS, IN 46202	351529183	501(C)(3) PUBLI	104,000.				TO BE USED AT THE OR
(12) ARTPRIZE 41 SHELDON BLVD. SE GRAND RAPIDS, MI 49503	264571560	501(C)(3) PUBLI	50,000.				PROJECT 1 COMMUNITY

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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ARTS ALLIANCE ILLINOIS 70 E. LAKE ST. CHICAGO, IL 60601	363177592	501(C)(3) PUBLI	35,000.				2019 ARTS ALLIANCE I
(2) ARTS FOR LAWRENCE THEATER AT THE FORT INDIANAPOLIS, IN 46216	202486798	501(C)(3) PUBLI	50,500.				OPERATING SUPPORT
(3) ARTS FOR LEARNING 546 E. 17TH ST. INDIANAPOLIS, IN 46202	351148812	501(C)(3) PUBLI	18,478.				2019 DISTRIBUTION
(4) ASANTE CHILDREN'S THEATRE P.O. BOX 22344 INDIANAPOLIS, IN 46222	352203194	501(C)(3) PUBLI	772,500.				SANKOFA PARADIGM PRO
(5) ASCEND JUSTICE 555 W. HARRISON ST. CHICAGO, IL 60607-4376	363647731	501(C)(3) PUBLI	25,000.				BUILDING CAPACITY WI
(6) ASSOCIATION OF INDIANA MUSEUMS P.O. BOX 1883 INDIANAPOLIS, IN 46206	237306380	501(C)(3) PUBLI	12,489.				CHARITABLE CONTRIBUT
(7) AUDITORIUM THEATRE OF ROOSEVELT UNIVERSITY, 50 E. CONGRESS PKWY. CHICAGO, IL 60605	363145476	501(C)(3) PUBLI	15,000.				2019 HEARTS TO ART
(8) BACK ON MY FEET INDIANAPOLIS 964 N. PENNSYLVANIA ST.	262109809	501(C)(3) PUBLI	17,710.				CHARITABLE CONTRIBUT
(9) BALL STATE UNIVERSITY FOUNDATION ALUMNI CENTER MUNCIE, IN 47304	356024566	501(C)(3) PUBLI	40,000.				FOOD INSECURITY PROJ
(10) BE HOPE CHURCH 1850 N. FAIRFIELD RD. BEAVERCREEK, OH 45432	310836912	501(C)(3) PUBLI	10,000.				DISASTER RELIEF FUND
(11) BEAUTIFULLY BROKEN FOUNDATION 8901 RIVER CROSSING INDIANAPOLIS, IN 46240	843413178	501(C)(3) PUBLI	15,100.				TO BE USED AT THE OR
(12) BELLFOUND FARM P.O. BOX 1426 GREENWOOD, IN 46143	823384597	501(C)(3) PUBLI	478,750.				TO BE USED AT THE OR

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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1) BEN DAVIS CHRISTIAN CHURCH 701 S. HIGH SCHOOL RD.	351012481	501(C)(3) PUBLI	60,000.				TO BE USED AT THE OR
(2) BEST BUDDIES INDIANA 8604 ALLISONVILLE RD.	521614576	501(C)(3) PUBLI	21,760.				TO BE USED AT THE OR
(3) BEYOND SPORTS 1350 OLD SKOKIE RD HIGHLAND PARK, IL 60035	262842441	501(C)(3) PUBLI	30,000.				ASSIST STUDENT ATHLE
(4) BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 1433 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351323831	501(C)(3) PUBLI	110,250.				GENERAL OPERATING
(5) BIG CAR 1125 CRUFT ST. INDIANAPOLIS, IN 46203	113725157	501(C)(3) PUBLI	63,000.				GENERAL OPERATING SU
(6) BIG GREEN 1637 PEARL ST. BOULDER, CO 80302	275083595	501(C)(3) PUBLI	20,000.				2019 PORTION OF HSFF
(7) BOONE COUNTY SENIOR SERVICES 515 CROWNPOINTE DR. LEBANON, IN 46052-8335	351445498	501(C)(3) PUBLI	50,000.				OPERATING GRANT
(8) BOOTH TARKINGTON CIVIC THEATRE 3 CENTER GREEN CARMEL, IN 46032	350230360	501(C)(3) PUBLI	10,000.				SNEAKVIEW
(9) BOYS & GIRLS CLUB OF INDIAN RIVER COUNTY 1729 17TH AVE. VERO BEACH, FL 32960	593623298	501(C)(3) PUBLI	9,000.				TO BE USED AT THE OR
(10) BOYS & GIRLS CLUBS OF INDIANAPOLIS 3909 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	350888754	501(C)(3) PUBLI	62,000.				KEENAN-STAHN CLUB
(11) BROOKE'S PLACE FOR GRIEVING YOUNG PEOPLE 8935 N. MERIDIAN INDIANAPOLIS, IN 46260	352045122	501(C)(3) PUBLI	35,000.				TO BE USED AT THE OR
(12) BROWARD HOUSING SOLUTIONS 305 SE 18TH CT. FT. LAUDERDALE, FL 33316	650407370	501(C)(3) PUBLI	50,000.				AFFORDABLE HOUSING

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(1) BUFFALOW FAMILY AND FRIENDS COMMUNITY 513 B ST. CHESAPEAKE, IN 23324	473950371	501(C)(3) PUBLI	6,000.				CHARITABLE CONTRIBUT
(2) BUTLER UNIVERSITY ADVANCEMENT OFFICE, JORDAN HALL 022A	350867977	501(C)(3) PUBLI	5,355,702.				COLLEGE OF BUSINESS
(3) CAF AMERICA 225 REINEKERS LA. ALEXANDRIA, VA 22314-2840	431634280	501(C)(3) PUBLI	15,000.				PLEASE FORWARD TO TH
(4) CAMP TECUMSEH YMCA 12635 W. TECUMSEH BEND RD.	237331099	501(C)(3) PUBLI	125,000.				THE BARBARA F. KAMPE
(5) CANDLES HOLOCAUST MUSEUM AND EDUCATION CENT 1532 S. THIRD ST. TERRE HAUTE, IN 47802	311097973	501(C)(3) PUBLI	38,000.				A JOURNEY THROUGH AU
(6) CARDINAL SERVICES INC. 504 N. BAY DR. WARSAW, IN 46580	300032313	501(C)(3) PUBLI	24,000.				ABILITY CAMPAIGN
(7) CAREGIVER COMPANION 612 WABASH AVE. LAFAYETTE, IN 47905	272958867	501(C)(3) PUBLI	7,500.				CHARITABLE CONTRIBUT
(8) CARMEL YOUTH ASSISTANCE PROGRAM 515 E. MAIN ST. CARMEL, IN 46032	810717306	501(C)(3) PUBLI	50,000.				YAP EVALUATION TO SC
(9) CAT HEAD PRESS 2834 E. WASHINGTON ST.	813039608	501(C)(3) PUBLI	26,500.				SUPPLIES, EQUIPMENT
(10) CATHEDRAL HIGH SCHOOL 5225 E. 56TH ST.	356254955	501(C)(3) PUBLI	344,703.				2019 DISTRIBUTION
(11) CENTER FOR VICTIM AND HUMAN RIGHTS, CORP. 201 N. ILLINOIS ST. INDIANAPOLIS, IN 46204	262747213	501(C)(3) PUBLI	20,000.				OPERATING SUPPORT
(12) CENTER ON HALSTED 3656 N. HALSTED ST. CHICAGO, IL 60613	510178807	501(C)(3) PUBLI	75,000.				CENTER ON HALSTED SE

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(1) CENTRAL INDIANA LAND TRUST INC. 1500 N. DELAWARE ST. INDIANAPOLIS, IN 46202	351816493	501(C)(3) PUBLI	270,250.				TO BE USED AT THE OR
(2) CENTRAL INDIANA YOUTH FOR CHRIST P.O. BOX 68695 INDIANAPOLIS, IN 46268	362193619	501(C)(3) PUBLI	30,500.				TO BE USED AT THE OR
(3) CHALKBEAT, INC. 1239 BROADWAY NEW YORK, NY 10001	900915846	501(C)(3) PUBLI	50,000.				CHALKBEAT INDIANA
(4) CHICAGO ALLIANCE AGAINST SEXUAL EXPLOITATIO 307 N. MICHIGAN AVE. CHICAGO, IL 60601	260220074	501(C)(3) PUBLI	75,000.				EMPOWERING YOUTH TO
(5) CHICAGO COALITION FOR THE HOMELESS 70 E. LAKE ST. CHICAGO, IL 60601-5963	363292607	501(C)(3) PUBLI	25,000.				YOUTH FUTURES MOBILE
(6) CHICAGO COMMUNITY FOUNDATION 225 N. MICHIGAN AVE. CHICAGO, IL 60601	363432023	501(C)(3) PUBLI	90,000.				LGBT COMMUNITY FUND
(7) CHICAGO HOUSE 1925 N. CLYBOURN AVE. CHICAGO, IL 60614	363376432	501(C)(3) PUBLI	70,000.				TRANSLEGAL
(8) CHILD ADVOCATES INC. 8200 HAVERSTICK RD. INDIANAPOLIS, IN 46240	351788240	501(C)(3) PUBLI	41,000.				TO BE USED AT THE OR
(9) CHILDREN IN THE SON P.O. BOX 99063 RALEIGH, NC 27624	571103876	501(C)(3) PUBLI	5,600.				GENERAL OPERATING SU
(10) CHRISTAMORE HOUSE 502 N. TREMONT ST. INDIANAPOLIS, IN 46222	350885588	501(C)(3) PUBLI	38,500.				SENIOR CITIZEN IMPAC
(11) CHRISTAMORE HOUSE GUILD C/O CHRISTAMORE HOUSE	311019216	501(C)(3) PUBLI	10,000.				TO BE USED AT THE OR
(12) CHRISTEL HOUSE INTERNATIONAL 10 W. MARKET ST.	352051932	501(C)(3) PUBLI	12,500.				TO BE USED AT THE OR

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(1) CICP FOUNDATION INC. 111 MONUMENT CIR. INDIANAPOLIS, IN 46204	352065457	501(C)(3) PUBLI	50,000.				ASCEND INDIANA
(2) CIRCLE CITY PREPARATORY INC. 4002 N. FRANKLIN RD. INDIANAPOLIS, IN 46226	810741071	501(C)(3) PUBLI	21,000.				EXTRACURRICULAR PROG
(3) CITY OF KOKOMO 100 S. UNION ST. KOKOMO, IN 46901	356001076	LOCAL ELECTED G	10,000.				STABILIZATION OF THE
(4) COBURN PLACE SAFE HAVEN 604 E. 38TH ST. INDIANAPOLIS, IN 46205	371421922	501(C)(3) PUBLI	107,000.				TO BE USED AT THE OR
(5) COLBY & CATE'S CHARITIES 4630 LISBORN DR. CARMEL, IN 46033	452465941	501(C)(3) PUBLI	20,000.				TO BE USED AT THE OR
(6) COLUMBIA COLLEGE CHICAGO 600 S. MICHIGAN AVE. CHICAGO, IL 60605	366112087	501(C)(3) PUBLI	25,000.				2019-2020 MOCPC EXHIB
(7) COLUMBUS AREA ARTS COUNCIL 431 SIXTH ST. COLUMBUS, IN 47201	351303466	501(C)(3) PUBLI	25,000.				2019-2020 ARTIST WOR
(8) COLUMBUS INDIANA PHILHARMONIC 315 FRANKLIN ST. COLUMBUS, IN 47201	351178268	501(C)(3) PUBLI	49,700.				LOBSTERFEST 2019 DIN
(9) COMMUNITY ALLIANCE OF THE FAR EASTSIDE (CAF) 8902 E. 38TH ST. INDIANAPOLIS, IN 46226	352018453	501(C)(3) PUBLI	106,000.				FAR EASTSIDE COMMUNI
(10) COMMUNITY HEALTH NETWORK FOUNDATION 7240 SHADELAND STATION	510181688	501(C)(3) PUBLI	140,000.				SCHOOL NURSE AT MIDD
(11) COMMUNITY HOME HEALTH SERVICES 9894 E. 121ST ST. FISHERS, IN 46037	350953467	501(C)(3) PUBLI	13,020.				GENERAL OPERATING SU
(12) COMMUNITY KITCHEN OF MONROE COUNTY P.O. BOX 3286 BLOOMINGTON, IN 47402	311101408	501(C)(3) PUBLI	7,500.				CHARITABLE CONTRIBUT

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(1) CONCORD NEIGHBORHOOD CENTER 1310 S. MERIDIAN ST. INDIANAPOLIS, IN 46225	350817149	501(C)(3) PUBLI	57,778.				CHARITABLE CONTRIBUT
(2) CONNECT2HELP 3833 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	311216792	501(C)(3) PUBLI	6,000.				KEY PROVIDER
(3) CONSERVATION LAW CENTER 116 S. INDIANA AVE. BLOOMINGTON, IN 47408	202321854	501(C)(3) PUBLI	50,000.				END OF YEAR MATCH CH
(4) CORNERSTONE SOCIETY, INC. P.O. BOX 92 MADISON, IN 47250	351765657	501(C)(3) PUBLI	12,500.				STABILIZATION OF CRA
(5) CRISIS PREGNANCY CENTER OF TIDEWATER, INC. 1100 MADISON PLAZA CHESAPEAKE, VA 23320	541267311	501(C)(3) PUBLI	20,000.				GENERAL FUND AND ONL
(6) CROSSROADS CHURCH AT WESTFIELD 19201 GRASSY BRANCH RD. WESTFIELD, IN 46074	200241684	501(C)(3) PUBLI	10,000.				HOOSIER HOME REPAIRS
(7) CRU P.O. BOX 628222 ORLANDO, FL 32862-8222	956006173	501(C)(3) PUBLI	44,600.				PROJECT #0437021 AND
(8) D.R.E.A.M. ALIVE, INC. 7828 E 88TH ST. INDIANAPOLIS, IN 46256	352153384	501(C)(3) PUBLI	5,250.				TO BE USED AT THE OR
(9) DANCE KALEIDOSCOPE 4603 CLARENDON RD. INDIANAPOLIS, IN 46208	310896177	501(C)(3) PUBLI	20,200.				CHARITABLE CONTRIBUT
(10) DARE TO CARE FOOD BANK 5803 FERN VALLEY RD. LOUISVILLE, KY 40228	237345952	501(C)(3) PUBLI	7,500.				CHARITABLE CONTRIBUT
(11) DEPAUW UNIVERSITY OFFICE OF DEVELOPMENT	350869045	501(C)(3) PUBLI	42,250.				CHARITABLE CONTRIBUT
(12) DIRECTEMPLOYERS FOUNDATION 9100 N. PURDUE RD. INDIANAPOLIS, IN 46268	462121733	501(C)(3) PUBLI	10,000.				PROGRAM EXPANSION

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(1) DOMESTIC VIOLENCE NETWORK 9245 N. MERIDIAN ST. INDIANAPOLIS, IN 46260	352014673	501(C)(3) PUBLI	35,000.				SELF-SUFFICIENCY FUN
(2) DOVE RECOVERY HOUSE FOR WOMEN 3351 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	352120680	501(C)(3) PUBLI	30,000.				CHARITABLE CONTRIBUT
(3) DRESS FOR SUCCESS INDIANAPOLIS, INC. 820 N. MERIDIAN ST. INDIANAPOLIS, IN 46204	352078412	501(C)(3) PUBLI	53,250.				EXECUTIVE WOMEN IN F
(4) DUKE UNIVERSITY DUKE UNIV. MEDICAL CENTER DEVELOPMENT	560532129	501(C)(3) PUBLI	20,000.				POMPE DISEASE RESEAR
(5) DUNES NATIONAL PARK ASSOCIATION INC 1100 N. MINERAL SPRINGS RD.	454000129	501(C)(3) PUBLI	7,500.				RESTORATION OF HISTO
(6) EAGLE CHURCH P.O. BOX 254 ZIONSVILLE, IN 46077	351952000	501(C)(3) PUBLI	45,175.				BUILDING MORTGAGE RE
(7) EAGLE CREEK CHURCH OF CHRIST 3025 W 69TH ST. INDIANAPOLIS, IN 46268	352126588	501(C)(3) PUBLI	11,000.				CHARITABLE CONTRIBUT
(8) EARLY LEARNING INDIANA 1776 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	350888763	501(C)(3) PUBLI	9,554.				2019 DISTRIBUTION
(9) EARTH CHARTER INDIANA, INC. 1100 W 42ND ST. INDIANAPOLIS, IN 46208	161673591	501(C)(3) PUBLI	6,000.				TO BE USED AT THE OR
(10) EDNA MARTIN CHRISTIAN CENTER 2605 E 25TH ST. INDIANAPOLIS, IN 46218-0388	351072577	501(C)(3) PUBLI	51,500.				GREAT FAMILIES 2020
(11) EITELJORG MUSEUM OF AMERICAN INDIANS AND WE 500 W. WASHINGTON ST.	311139447	501(C)(3) PUBLI	62,000.				CHARITABLE CONTRIBUT
(12) ELEVATE INDIANAPOLIS 2902 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	810807405	501(C)(3) PUBLI	7,500.				TO BE USED AT THE OR

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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) EMERGENCY ASSISTANCE FOUNDATION, INC. DEPT # 9884 ORLANDO, FL 32885-9884	451813056	501(C)(3) PUBLI	27,995.				GLICK TEAM MEMBER RE
(2) EMPLOYINDY 101 W. WASHINGTON ST.	351569069	501(C)(3) PUBLI	175,000.				YES INDY REC CENTER
(3) ENGLEWOOD COMMUNITY DEVELOPMENT CORPORATION 57 N. RURAL ST. INDIANAPOLIS, IN 46201	352003744	501(C)(3) PUBLI	30,000.				ENGLEWOOD RESIDENT E
(4) EPISCOPAL RELIEF & DEVELOPMENT 815 SECOND AVENUE NEW YORK, NY 10017	731635264	501(C)(3) PUBLI	50,000.				MOMENTS THAT MATTER:
(5) ESKENAZI HEALTH FOUNDATION 720 ESKENAZI AVENUE INDIANAPOLIS, IN 46202	311132066	501(C)(3) PUBLI	123,200.				CHARITABLE CONTRIBUT
(6) EVANSVILLE MUSEUM OF ARTS, HISTORY AND SCIE 411 S.E. RIVERSIDE DR.	350874517	501(C)(3) PUBLI	18,000.				46TH MID STATES CRAF
(7) EXODUS REFUGEE IMMIGRATION, INC. 2457 E. WASHINGTON ST.	351900090	501(C)(3) PUBLI	15,000.				SEWING MACHINES WITH
(8) FACING HISTORY AND OURSELVES INC. 2 N. LASALLE ST. CHICAGO, IL 60602	042761636	501(C)(3) PUBLI	10,000.				GENERAL OPERATING SU
(9) FAIR HAVEN FOUNDATION P.O. BOX 441683 INDIANAPOLIS, IN 46204	260866646	501(C)(3) PUBLI	15,000.				TO BE USED AT THE OR
(10) FAITH IN INDIANA 212 W. 10TH ST. INDIANAPOLIS, IN 46202	452349567	RELIGIOUS ORGAN	25,000.				GROUP VIOLENCE INTER
(11) FAMILIES FIRST INDIANA, INC. 2240 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	350877572	501(C)(3) PUBLI	200,000.				LEASE TERMINATION
(12) FAMILY PROMISE OF GREATER INDIANAPOLIS 1850 N. ARSENAL AVE.	351909912	501(C)(3) PUBLI	47,500.				TO BE USED AT THE OR

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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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(1) FAY BICCARD GLICK NEIGHBORHOOD CENTER AT CR 2990 W. 71ST ST. INDIANAPOLIS, IN 46268	351738809	501(C)(3) PUBLI	12,000.				YUMZ UP KIDS COOKING
(2) FEDERATED CHURCH 2400 SYCAMORE LN. WEST LAFAYETTE, IN 47906	356035897	501(C)(3) PUBLI	7,500.				CHARITABLE CONTRIBUT
(3) FELEGE HIYWOT CENTER 1648 SHELDON ST. INDIANAPOLIS, IN 46218	200916223	501(C)(3) PUBLI	12,000.				SUMMER PROGRAMMING
(4) FESTIVAL MUSIC SOCIETY OF INDIANA 3646 BAY RD S. DR. INDIANAPOLIS, IN 46240	356068649	501(C)(3) PUBLI	75,040.				2019 DISTRIBUTION
(5) FIDELITY CHARITABLE GIFT FUND 82 DEVONSHIRE ST. BOSTON, MA 02109	110303001	501(C)(3) PUBLI	725,463.				FUND CLOSE OUT
(6) FIRST PRESBYTERIAN CHURCH 9751 BONITA BEACH RD.	591622501	RELIGIOUS ORGAN	20,000.				GENERAL OPERATING
(7) FLETCHER PLACE COMMUNITY CENTER P.O. BOX 825 INDIANAPOLIS, IN 46206-0825	351966882	501(C)(3) PUBLI	32,500.				GENERAL OPERATING
(8) FONSECA THEATRE COMPANY P.O. BOX 22298 INDIANAPOLIS, IN 46222	831012845	501(C)(3) PUBLI	10,500.				TO BE USED AT THE OR
(9) FOOD FINDERS FOOD BANK INC. 1204 GREENBUSH ST. LAFAYETTE, IN 47904	311020198	501(C)(3) PUBLI	9,600.				CHARITABLE CONTRIBUT
(10) FORWARD CITIES 310 S. HARRINGTON ST. RALEIGH, NC 27306	134302280	501(C)(3) PUBLI	37,500.				COMMUNITY INNOVATION
(11) FOUNTAINS OF HOPE INTERNATIONAL 10409 HOLIDAY DR. CARMEL, IN 46032	270503531	501(C)(3) PUBLI	9,048.				TO BE USED AT THE OR
(12) FRANCIS W. PARKER SCHOOL 330 W. WEBSTER AVE. CHICAGO, IL 60614	362171732	501(C)(3) PUBLI	1,200,000.				E&A ENDOWED SCHOLARS

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(1) FRANCISCAN HEALTH FOUNDATION 3510 PARK PLACE W. MISHAWAKA, IN 46545	351955283	501(C)(3) PUBLI	200,000.				THE HEARTLAND STUDY
(2) FRANKLIN TOWNSHIP EDUCATION FOUNDATION 6141 S. FRANKLIN RD. INDIANAPOLIS, IN 46259	352000204	501(C)(3) PUBLI	5,337.				RICHARD H. CROSSER M
(3) FREE METHODIST WORLD MISSIONS 770 N. HIGH SCHOOL RD.	350877568	501(C)(3) PUBLI	7,800.				CSAGREECE/WCS403.
(4) FRIENDS OF THE WHITE RIVER P.O. BOX 90171 INDIANAPOLIS, IN 46290	351658122	501(C)(3) PUBLI	21,250.				CHARITABLE CONTRIBUT
(5) FUND FOR HOOSIER EXCELLENCE, INC. P.O. BOX 97 INDIANAPOLIS, IN 46206	351579672	501(C)(3) PUBLI	25,000.				SCHOLARSHIP SUPPORT
(6) GARDERE YOUTH ALLIANCE 2225 ANNE MARIE DR. BATON ROUGE, LA 70820	383816608	501(C)(3) PUBLI	15,918.				PROGRAM SUPPORT
(7) GARFIELD PARK CONSERVATORY ALLIANCE 300 N. CENTRAL PARK AVE.	364200490	501(C)(3) PUBLI	10,000.				URBAN ROOTS: TEEN DO
(8) GEIST CHRISTIAN CHURCH 8550 MUD CREEK RD.	351732249	501(C)(3) PUBLI	10,000.				TO BE USED AT THE OR
(9) GENE B. GLICK FAMILY HOUSING FOUNDATION, IN 8801 RIVER CROSSING BLVD.	201698926	501(C)(3) PUBLI	385,250.				CHE RESIDENT SUCCESS
(10) GENNESARET FREE CLINIC 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	351776518	501(C)(3) PUBLI	49,200.				CHARITABLE CONTRIBUT
(11) GIFFORD YOUTH ACTIVITY CENTER 4875 43RD. AVE. VERO BEACH, FL 32967	431950911	501(C)(3) PUBLI	6,000.				TO BE USED AT THE OR
(12) GIRL SCOUTS OF CENTRAL INDIANA, INC. 7201 GIRL SCOUT LN. INDIANAPOLIS, IN 46214	350876381	501(C)(3) PUBLI	18,601.				2019 DISTRIBUTION

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(1) GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351337205	501(C)(3) PUBLI	15,000.				OPERATING SUPPORT
(2) GIRLS INCORPORATED OF SHELBYVILLE/SHELBY CO 904 S. MILLER ST. SHELBYVILLE, IN 46176	351277849	501(C)(3) PUBLI	20,000.				OPERATING SUPPORT
(3) GIRLS ON THE RUN CENTRAL INDIANA P.O. BOX 104 FISHERS, IN 46038	274418367	501(C)(3) PUBLI	11,500.				MARION COUNTY PROGRA
(4) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE.	351483868	501(C)(3) PUBLI	236,787.				PROGRAM/PROJECT SUPP
(5) GOODMAN THEATRE 170 N. DEARBORN ST. CHICAGO, IL 60601	362896025	501(C)(3) PUBLI	20,000.				GENERAL OPERATING &
(6) GREAT AMERICAN SONGBOOK FOUNDATION ONE CENTER GREEN CARMEL, IN 46032	260620716	501(C)(3) PUBLI	115,000.				GENERAL OPERATING
(7) GREATER INDIANAPOLIS CHAMBER OF COMMERCE FO 111 MONUMENT CIR. INDIANAPOLIS, IN 46204	356017715	501(C)(3) PUBLI	208,000.				MUSIC CITIES SPONSOR
(8) GREATER INDIANAPOLIS PROGRESS COMMITTEE 200 E WASHINGTON STREET	351109966	501(C)(3) PUBLI	20,000.				INCREASING ACCESS TO
(9) GREATER INDY HABITAT FOR HUMANITY 3135 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351715910	501(C)(3) PUBLI	100,552.				CHARITABLE CONTRIBUT
(10) GROUNDWORK INDY 1107 BURDSAL PKWY INDIANAPOLIS, IN 46208	473863928	501(C)(3) PUBLI	57,500.				GENERAL OPERATING
(11) HAMILTON COUNTY AREA NEIGHBORHOOD DEVELOPME 347 S. 8TH ST. NOBLESVILLE, IN 46060	320080849	501(C)(3) PUBLI	37,500.				HOME REPAIRS FOR WOM
(12) HANCOCK COUNTY SENIOR SERVICES, INC. 1870 FIELDS BLVD. GREENFIELD, IN 46140	310936007	501(C)(3) PUBLI	10,000.				PURCHASE OF WHEELCHA

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(1) HARMONY EDUCATION CENTER 909 E. 2ND ST. BLOOMINGTON, IN 47402	351554219	501(C)(3) PUBLI	10,000.				TO BE USED AT THE OR
(2) HARRISON CENTER FOR THE ARTS, INC. 1505 N. DELAWARE INDIANAPOLIS, IN 46202	010798626	501(C)(3) PUBLI	28,000.				CHARITABLE CONTRIBUT
(3) HARVEST HOPE FOOD BANK P.O. BOX 451 COLUMBIA, SC 29202	570725560	501(C)(3) PUBLI	6,250.				CHARITABLE CONTRIBUT
(4) HARVEST MISSIONARY BAPTIST CHURCH 4285 E. MAIN ST. AVON, IN 46123	351984626	RELIGIOUS ORGAN	5,284.				TO BE USED AT THE OR
(5) HEALTHY CHESAPEAKE 748 BATTLEFIELD BLVD.	541735279	501(C)(3) PUBLI	7,500.				CHARITABLE CONTRIBUT
(6) HEARTLAND FILM INC. 1043 VIRGINIA AVE INDIANAPOLIS, IN 46203	351832797	501(C)(3) PUBLI	117,500.				2019 HEARTLAND INTER
(7) HERITAGE FUND OF BARTHOLOMEW COUNTY 538 FRANKLIN ST. COLUMBUS, IN 47202-1547	351343903	501(C)(3) PUBLI	169,500.				LANDMARK COLUMBUS-WA
(8) HILLSDALE COLLEGE DONOR SERVICES HILLSDALE, MI 49242	381374230	EDUCATIONAL ORG	50,000.				JOHN ANTHONY HALTER
(9) HOOSIER ENVIRONMENTAL COUNCIL 3951 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351576694	501(C)(3) PUBLI	132,000.				TO BE USED AT THE OR
(10) HOOSIER SALON PATRONS ASSOCIATION STUTZ BUSINESS & ART CENTER	350393284	501(C)(3) PUBLI	35,000.				GENERAL OPERATING &
(11) HOPE HEALTHCARE SERVICES 107 PARK PLACE BOULEVARD AVON, IN 46123	830404310	501(C)(3) PUBLI	22,000.				TO BE USED AT THE OR
(12) HSMS HAITI 1812 N. DETROIT ST. WARSAW, IN 46580	471658718	501(C)(3) PUBLI	5,540.				SPONSORSHIP

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(1) HYDE PARK ART CENTER 5020 S. CORNELL AVE. CHICAGO, IL 60615	362887294	501(C)(3) PUBLI	13,000.				2019 GALA
(2) IMMIGRANT WELCOME CENTER C/O SOUTHEAST COMMUNITY SERVICES	203222424	501(C)(3) PUBLI	47,609.				2019 DISTRIBUTION
(3) INDIANA AUDUBON SOCIETY MARY GRAY BIRD SANCTUARY	356023489	501(C)(3) PUBLI	11,600.				MOTUS EXPANSION PROJ
(4) INDIANA BLACK EXPO, INC. 3145 N. MERIDIAN STREET	351406245	501(C)(3) PUBLI	125,000.				PERFORMING ARTS ACAD
(5) INDIANA BLIND CHILDREN'S FOUNDATION 7725 N. COLLEGE AVE.	351892005	501(C)(3) PUBLI	16,000.				TO BE USED AT THE OR
(6) INDIANA COUNCIL ON PROBLEM GAMBLING 3935 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351999551	501(C)(3) PUBLI	5,498.				INDIVIDUAL TO ATTEND
(7) INDIANA DISTRICT OF THE LUTHERAN CHURCH 1145 BARR ST. FORT WAYNE, IN 46802	350876354	501(C)(3) PUBLI	30,000.				CAMPUS MINISTRY STUD
(8) INDIANA HUMANITIES 1500 N. DELAWARE ST.	351344382	501(C)(3) PUBLI	1,000,000.				INDIANA AUTHORS AWAR
(9) INDIANA LANDMARKS 1201 CENTRAL AVE. INDIANAPOLIS, IN 46202	351162873	501(C)(3) PUBLI	154,000.				GENERAL OPERATING SU
(10) INDIANA PARKINSON FOUNDATION 14350 MUNDY DR. NOBLESVILLE, IN 46060	264263801	501(C)(3) PUBLI	20,800.				INDIANA PARKINSON FO
(11) INDIANA PERFORMING ARTS CENTRE 401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	753233688	501(C)(3) PUBLI	10,000.				TECHNICAL THEATRE AP
(12) INDIANA RECYCLING COALITION 708 E. MICHIGAN ST. INDIANAPOLIS, IN 46202	351806971	501(C)(3) PUBLI	50,000.				MASTER RECYCLERS PRO

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(1) INDIANA REPERTORY THEATRE, INC. 140 W. WASHINGTON ST.	351186290	501(C)(3) PUBLI	347,516.				CHARITABLE CONTRIBUT
(2) INDIANA SPORTS CORPORATION 201 S. CAPITOL AVE.	310975117	501(C)(3) PUBLI	12,772.				2019 DISTRIBUTION
(3) INDIANA STATE MUSEUM FOUNDATION, INC. 650 W. WASHINGTON ST.	356202818	501(C)(3) PUBLI	50,232.				CHARITABLE CONTRIBUT
(4) INDIANA UNIVERSITY FOUNDATION 301 UNIVERSITY BLVD. INDIANAPOLIS, IN 46202	356018940	501(C)(3) PUBLI	84,431.				CHARITABLE CONTRIBUT
(5) INDIANA UNIVERSITY SCHOOL OF MEDICINE 550 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	356001673	501(C)(3) PUBLI	6,467.				INDIANA ALZHEIMER'S
(6) INDIANA UNIVERSITY SIMON CANCER CENTER 535 BARNHILL DR. INDIANAPOLIS, IN 46202	356001673	EDUCATIONAL ORG	25,000.				CHUCKSTRONG FUND AT
(7) INDIANAPOLIS ART CENTER 820 E. 67TH ST. INDIANAPOLIS, IN 46220	351088735	501(C)(3) PUBLI	158,436.				2019 DISTRIBUTION
(8) INDIANAPOLIS CHAMBER ORCHESTRA 4603 CLARENDON RD. INDIANAPOLIS, IN 46208	311132072	501(C)(3) PUBLI	82,940.				2019 DISTRIBUTION
(9) INDIANAPOLIS CONTEMPORARY P.O. BOX 11259 INDIANAPOLIS, IN 46201	352155600	501(C)(3) PUBLI	50,000.				GENERAL OPERATING SU
(10) INDIANAPOLIS CULTURAL TRAIL, INC. 132 W. WALNUT ST. INDIANAPOLIS, IN 46204	263831457	501(C)(3) PUBLI	222,840.				TO BE USED AT THE OR
(11) INDIANAPOLIS JAZZ FOUNDATION P.O. BOX 20857 INDIANAPOLIS, IN 46220	351991319	501(C)(3) PUBLI	10,000.				INDY JAZZ FEST
(12) INDIANAPOLIS LEGAL AID SOCIETY, INC. 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	351045153	501(C)(3) PUBLI	100,000.				RE-ENTRY LEGAL ASSIS

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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) INDIANAPOLIS MUSEUM OF ART 4000 N. MICHIGAN RD.	350867955	501(C)(3) PUBLI	36,736.				CHARITABLE CONTRIBUT
(2) INDIANAPOLIS MUSEUM OF CONTEMPORARY ART P.O. BOX 11259 INDIANAPOLIS, IN 46201	352155600	501(C)(3) PUBLI	25,000.				TRANSITION SUPPORT
(3) INDIANAPOLIS NEIGHBORHOOD HOUSING PARTNERSH 3550 N. WASHINGTON BLVD	351742559	501(C)(3) PUBLI	80,500.				CHARITABLE CONTRIBUT
(4) INDIANAPOLIS PARKS FOUNDATION 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	351860468	501(C)(3) PUBLI	70,250.				CHARITABLE CONTRIBUT
(5) INDIANAPOLIS PUBLIC SCHOOLS 120 E. WALNUT ST. INDIANAPOLIS, IN 46204	356002486	EDUCATIONAL ORG	377,124.				LOVE OF READING
(6) INDIANAPOLIS SCHOOL OF BALLET 502 N. CAPITOL AVE. INDIANAPOLIS, IN 46204	342066059	501(C)(3) PUBLI	8,733.				CHARITABLE CONTRIBUT
(7) INDIANAPOLIS SHAKESPEARE COMPANY C/O BUTLER UNIVERSITY DEPT OF THEATRE	562609331	501(C)(3) PUBLI	15,000.				INDY SHAKES 2019
(8) INDIANAPOLIS SYMPHONY ORCHESTRA 32 E. WASHINGTON ST.	350998627	501(C)(3) PUBLI	248,439.				CHARITABLE CONTRIBUT
(9) INDY HUNGER NETWORK 3737 WALDERMERE AVE. INDIANAPOLIS, IN 46241	454833492	501(C)(3) PUBLI	47,000.				CHARITABLE CONTRIBUT
(10) INDY READS CENTRAL LIBRARY INDIANAPOLIS, IN 46204	311227489	501(C)(3) PUBLI	129,010.				2,000 BOOKS FOR PUBL
(11) INDYBAROQUE MUSIC, INC. P.O. BOX 47985 INDIANAPOLIS, IN 46247	352107488	501(C)(3) PUBLI	7,018.				2019 DISTRIBUTION
(12) INSTITUTE FOR AFFORDABLE TRANSPORTATION 5868 E. 71ST. ST. INDIANAPOLIS, IN 46220	352133517	501(C)(3) PUBLI	6,000.				TO BE USED AT THE OR

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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

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(1) INTER PARISH MINISTRY 3509 DEBOLT RD. CINCINNATI, OH 45244	237451134	501(C)(3) PUBLI	6,250.				CHARITABLE CONTRIBUT
(2) INTERNATIONAL CRANE FOUNDATION E11376 SHADY LANE RD. BARABOO, WI 53913	391187711	501(C)(3) PUBLI	25,000.				CRANE AWARENESS AND
(3) INTERNATIONAL CRYPTOZOOLOGY MUSEUM 4 THOMPSON'S POINT RD. PORTLAND, ME 04102	453598429	501(C)(3) PUBLI	25,000.				GENERAL OPERATING SU
(4) INTERNATIONAL JUSTICE MISSION P.O. BOX 96961 WASHINGTON, DC 20090-6961	541722887	501(C)(3) PUBLI	15,000.				CAMPAIGN 9 (GHANA)
(5) IRVINGTON PRESBYTERIAN CHURCH 55 JOHNSON AVE. INDIANAPOLIS, IN 46219	350868021	501(C)(3) PUBLI	24,284.				CHARITABLE CONTRIBUT
(6) IVY TECH FOUNDATION 50 W. FALL CREEK PKWY. N. DR.	237073977	501(C)(3) PUBLI	1,256,000.				GLICK SCHOLARS PROGR
(7) JEWISH COMMUNITY CENTER 6701 HOOVER RD. INDIANAPOLIS, IN 46260	237099138	501(C)(3) PUBLI	30,000.				SUPPORT FOR THE UNIT
(8) JEWISH FEDERATION OF GREATER INDIANAPOLIS 6705 HOOVER RD. INDIANAPOLIS, IN 46260-4120	350888017	501(C)(3) PUBLI	122,500.				ANNUAL CAMPAIGN SUPP
(9) JMO FOUNDATION INCORPORATED 5901 WILLIAM CONNER WAY CARMEL, IN 46033	831903829	501(C)(3) PUBLI	10,000.				TO BE USED AT THE OR
(10) JOHN P. CRAINE HOUSE, INC. 6130 N. MICHIGAN RD INDIANAPOLIS, IN 46228	351021203	501(C)(3) PUBLI	6,000.				TO BE USED AT THE OR
(11) JOHNSON COUNTY SENIOR SERVICES 731 S. STATE ST. FRANKLIN, IN 46131	351474817	501(C)(3) PUBLI	57,500.				CHARITABLE CONTRIBUT
(12) JOSEPH MALEY FOUNDATION P.O. BOX 681010 INDIANAPOLIS, IN 46268	263153750	501(C)(3) PUBLI	21,000.				TO BE USED AT THE OR

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(1) JOY'S HOUSE 2028 E. BROAD RIPPLE AVE.	352083290	501(C)(3) PUBLI	60,000.				TO BE USED AT THE OR
(2) JUMP IN FOR HEALTHY KIDS 2955 N. MERIDIAN ST.	351007590	501(C)(3) PUBLI	50,000.				2020 OPERATIONS AND
(3) K.I.D.S., INC. 1001 E. PALMER ST. INDIANAPOLIS, IN 46203	352077057	501(C)(3) PUBLI	6,000.				TO BE USED AT THE OR
(4) KARTEMQUIN FILMS 1901 W. WELLINGTON CHICAGO, IL 60657	237430402	501(C)(3) PUBLI	10,000.				2019 EMPOWERING TRUT
(5) KEEP INDIANAPOLIS BEAUTIFUL, INC. 1029 FLETCHER AVE. INDIANAPOLIS, IN 46203	311005792	501(C)(3) PUBLI	119,000.				CHARITABLE CONTRIBUT
(6) KHEPRW INSTITUTE 3549 BOULEVARD PL. INDIANAPOLIS, IN 46208	200820589	501(C)(3) PUBLI	12,250.				AFROFUTURE SUPPORT
(7) KIDS DANCE OUTREACH 456 N. MERIDIAN ST. INDIANAPOLIS, IN 46244	364742032	501(C)(3) PUBLI	50,000.				DANCE AND ARTS EDUCA
(8) KOSCIUSKO COMMUNITY YMCA 1305 MARINERS DR. WARSAW, IN 46582	351068182	501(C)(3) PUBLI	15,000.				OFFICE OF CHRISTIAN
(9) KURT VONNEGUT MEMORIAL LIBRARY THE EMELIE BLDG. INDIANAPOLIS, IN 46204	270825749	501(C)(3) PUBLI	15,000.				SUPPORTING KVML STAF
(10) KUTOA PROJECT P.O. BOX 241 WINONA LAKE, IN 46590	472731381	501(C)(3) PUBLI	7,000.				TO BE USED AT THE OR
(11) LA PLAZA, INC. 8902 E. 38TH ST. INDIANAPOLIS, IN 46226	300029575	501(C)(3) PUBLI	21,776.				2018 ILSF CELEBRATIO
(12) LATINAS WELDING GUILD INC. 1417 COMMERCE AVE	823129392	501(C)(3) PUBLI	15,000.				SCHOLARSHIP SUPPORT

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(1) LATINO/A YOUTH COLLECTIVE OF INDIANA, INC. 1064 W. 36TH ST. INDIANAPOLIS, IN 46208	463659370	501(C)(3) PUBLI	17,500.				ATHENA ACADEMY FOR M
(2) LAWRENCE POLICE DEPARTMENT EXPLORER POST 16 9001 E. 59TH ST. LAWRENCE, IN 46216	814624252	501(C)(3) PUBLI	9,021.				HONOR GUARD UNIFORMS
(3) LEGAL AID AT WORK 180 MONTGOMERY ST. SAN FRANCISCO, CA 94104	942783401	501(C)(3) PUBLI	8,000.				TO BE USED AT THE OR
(4) LIBERTY TABERNACLE 6177 N. 75 W. WHITELAND, IN 46184	352148267	RELIGIOUS ORGAN	9,800.				HERO FARMS APPLICATI
(5) LIFESPAN RESOURCES, INC. 33 STATE ST., THIRD FLOOR	351306887	501(C)(3) PUBLI	7,500.				CHARITABLE CONTRIBUT
(6) LIFESTREAM SERVICES, INC. 1701 PILGRIM BLVD. YORKTOWN, IN 47396	351356741	501(C)(3) PUBLI	7,500.				CHARITABLE CONTRIBUT
(7) LIGHTHOUSE ASSEMBLY OF GOD 2339 W. CART RD. RICHMOND, IN 47374	351511215	501(C)(3) PUBLI	6,650.				CHARITABLE CONTRIBUT
(8) LINK OBSERVATORY SPACE SCIENCE INSTITUTE 629 COLUMBINE LN. WESTFIELD, IN 46074	455369783	501(C)(3) PUBLI	11,000.				TO BE USED AT THE OR
(9) LITTLE RED DOOR CANCER AGENCY 1801 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	350914096	501(C)(3) PUBLI	55,000.				DOOR TO WELLNESS, FI
(10) LITTLE SISTERS OF THE POOR OF INDIANAPOL ST. AUGUSTINE HOME	351007734	RELIGIOUS ORGAN	30,000.				TO BE USED AT THE OR
(11) LOCAL OFFICE ON AGING 706 CAMPBELL AVE, SW ROANOKE, VA 24016	540916248	501(C)(3) PUBLI	7,500.				CHARITABLE CONTRIBUT
(12) LOCKPORT MENNONITE CHURCH 9269 COUNTY RD. 21 N STRYKER, OH 43557	341096720	RELIGIOUS ORGAN	20,000.				TO BE USED AT THE OR

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(1) LOST CREEK GROVE RESTORATION & PRESERVATION P.O. BOX 3507 TERRE HAUTE, IN 47803	320130405	501(C)(3) PUBLI	13,000.				PROPERTY MAINTENANCE
(2) MAGDALENE HOUSE CHICAGO P.O. BOX 1541 RIVERSIDE, IL 60546	473713877	501(C)(3) PUBLI	100,000.				NEW MATCHING CHALLENGE
(3) MANNERS OF THE HEART 763 N. BOULEVARD BATON ROUGE, LA 70802	680531760	501(C)(3) PUBLI	40,000.				AUTOMATION AND ANIMATION
(4) MAPLETON-FALL CREEK DEVELOPMENT CORPORATION 3190 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	351654999	501(C)(3) PUBLI	20,000.				SENIOR LIVESTABILITY
(5) MARIAN UNIVERSITY 3200 COLD SPRING RD.	350868175	501(C)(3) PUBLI	220,000.				KLIPSCH EDUCATORS CO
(6) MARTIN LUTHER KING COMMUNITY CENTER 40 W. 40TH ST. INDIANAPOLIS, IN 46208	237415846	501(C)(3) PUBLI	70,500.				GREAT FAMILIES 2020
(7) MARTINDALE BRIGHTWOOD COMMUNITY DEVELOPMENT 2855 N. KEYSTONE AVE.	351870982	501(C)(3) PUBLI	6,000.				HELPING THOSE IN NEED
(8) MEALS ON WHEELS OF HAMILTON COUNTY 395 WESTFIELD RD.	351344488	501(C)(3) PUBLI	25,000.				SPONSOR-A-SENIOR PROGRAM
(9) MID-LAND MEALS INC. 3313 CONCORD RD. LAFAYETTE, IN 47909	237337408	501(C)(3) PUBLI	6,000.				CHARITABLE CONTRIBUTION
(10) MILFORD MIAMI MINISTRY 844 STATE RTE. 131 MILFORD, OH 45150	432118663	501(C)(3) PUBLI	6,250.				CHARITABLE CONTRIBUTION
(11) MILLIGAN COLLEGE P.O. BOX 500 MILLIGAN COLLEGE, TN 37682	620535755	501(C)(3) PUBLI	80,000.				TO BE USED AT THE ORGANIZATION'S DISCRETION
(12) MISSION 22 1800 BLANKENSHIP RD. WEST LINN, OR 97068	462750726	501(C)(3) PUBLI	5,425.				RUN FOR HOPE

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(1) MUSIC FOR ALL 39 W. JACKSON PL.	363413042	501(C)(3) PUBLI	20,000.				IPS/MARION COUNTY IN
(2) NATIONAL REDISTRICTING FOUNDATION 1440 G ST., NW WASHINGTON, DC 20001	820757693	501(C)(3) PUBLI	5,002.				TO BE USED AT THE OR
(3) NEIGHBORLINK INDIANAPOLIS 5500 N MERIDIAN ST. INDIANAPOLIS, IN 46208	463002445	501(C)(3) PUBLI	35,000.				FUNDING FOR DEVELOPM
(4) NEIGHBORSPEACE 445 N SACRAMENTO BLVD CHICAGO, IL 60612	364105593	501(C)(3) PUBLI	25,000.				BRONZEVILLE FARM FEN
(5) NELLY'S HOUSE 336 WHITE DOGWOOD DR. CHESAPEAKE, VA 23322	320189325	501(C)(3) PUBLI	12,000.				CHARITABLE CONTRIBUT
(6) NEW HARMONY PROJECT P.O. BOX 441062 INDIANAPOLIS, IN 46244-1062	351728624	501(C)(3) PUBLI	60,968.				2019 DISTRIBUTION- B
(7) NEW SONG MISSION P.O. BOX 488 NASHVILLE, IN 47448	800082755	501(C)(3) PUBLI	6,000.				TO BE USED AT THE OR
(8) NHBA EDUCATION AND ACTIVITY FUND NEW HARMONY BUSINESS ASSOCIATES	208882520	501(C)(3) PUBLI	10,000.				CONSULTANT & MEDIA M
(9) NINE13 SPORTS PO BOX 78131 INDIANAPOLIS, IN 46278	464393798	501(C)(3) PUBLI	40,000.				KIDS RIDING BIKES AN
(10) NOEXIT PERFORMANCE 1402 STURM AVE. INDIANAPOLIS, IN 46201	461630212	501(C)(3) PUBLI	6,500.				ASL INTERPRETER FOR
(11) NUVO CULTURAL FOUNDATION INC 3951 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	352045604	501(C)(3) PUBLI	5,250.				TO BE USED AT THE OR
(12) OASIS INDIANAPOLIS 10800 E. WASHINGTON ST.	272392510	501(C)(3) PUBLI	50,000.				HEALTHY AGING THROU

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(1) OLIVET NAZARENE UNIVERSITY OFFICE OF DEVELOPMENT BOURBONNAIS, IL 60914	362191252	501(C)(3) PUBLI	15,000.				EDUCATIONAL INITIATI
(2) ONE ACCORD INC., KIDS ALLEY P.O. BOX 594 AUDUBON, NJ 08106	223636813	501(C)(3) PUBLI	55,918.				UPGRADE TECH, PRGM A
(3) OPENLANDS 25 E. WASHINGTON ST. CHICAGO, IL 60602	362649603	501(C)(3) PUBLI	50,000.				ANNUAL FUND SUPPORT
(4) OWEN-MACLURE FOUNDATION 5151 SAN FELIPE ST. HOUSTON, TX 77056	760387338	509 PF PRIVATE	17,500.				NEW HARMONY MUSIC FE
(5) OX-BOW 36 S. WABASH AVE. CHICAGO, IL 60603	381081760	501(C)(3) PUBLI	25,000.				2019 VISITING ARTIST
(6) PAM'S PROMISE TRANSITIONAL HOUSING CENTER P.O. BOX 405 CRAWFORDSVILLE, IN 47933	320281982	501(C)(3) PUBLI	10,000.				GENERAL OPERATING
(7) PARK TUDOR SCHOOL 7200 N. COLLEGE AVE. INDIANAPOLIS, IN 46240	350909976	501(C)(3) PUBLI	55,000.				TO BE USED AT THE OR
(8) PATTERN INC. 12664 TUSCANY BLVD. CARMEL, IN 46032	474197760	501(C)(3) PUBLI	10,000.				GENERAL OPERATING SU
(9) PAWS CHICAGO 1997 N. CLYBOURN AVE. CHICAGO, IL 60614	364219778	501(C)(3) PUBLI	125,000.				PAWS CAPITAL CAMPAIG
(10) PEOPLE FOR URBAN PROGRESS 160 STEEPLES BLVD INDIANAPOLIS, IN 46222	263733786	501(C)(3) PUBLI	30,000.				CAPACITY BUILDING SU
(11) PHALEN LEADERSHIP ACADEMY-INDIANA INC. 2323 N. ILLINOIS ST. INDIANAPOLIS, IN 46208	364729586	501(C)(3) PUBLI	125,000.				PLA COLLEGE AND CARE
(12) PINE RIDGE BIBLE CHURCH 280 S. RAY QUINCY RD. QUINCY, MI 49082	382515062	RELIGIOUS ORGAN	10,000.				TO BE USED AT THE OR

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(1) PLANNED PARENTHOOD MINNESOTA, N DAKOTA, S D 671 VANDALIA ST. ST. PAUL, MN 55114	410948382	501(C)(3) PUBLI	6,462.				TO BE USED AT THE OR
(2) PLANNED PARENTHOOD OF INDIANA AND KENTUC 200 S. MERIDIAN ST. INDIANAPOLIS, IN 46225	350874276	501(C)(3) PUBLI	64,357.				TO BE USED AT THE OR
(3) PLANNED PARENTHOOD OF MICHIGAN P.O. BOX 3673 ANN ARBOR, MI 48106	381707521	501(C)(3) PUBLI	8,000.				TO BE USED AT THE OR
(4) PLANNED PARENTHOOD OF NORTHERN CALIFORNIA 2185 PACHECO ST. CONCORD, CA 94520	941575233	501(C)(3) PUBLI	9,000.				TO BE USED AT THE OR
(5) PREP YOUNG LIFE 4631 LISBORN DR. CARMEL, IN 46033	840385934	501(C)(3) PUBLI	9,000.				TO BE USED AT THE OR
(6) PRESERVE HENRY COUNTY 2700 LAKEVIEW DR. NEW CASTLE, IN 47362	814103935	501(C)(3) PUBLI	10,000.				REHABILITATION OF MU
(7) PROACT INDY 5823 BEATLE DR. INDIANAPOLIS, IN 46216	273951990	501(C)(3) PUBLI	25,000.				GENERAL OPERATING SU
(8) PROJECT LIA 1125 BROOKSIDE AVE. INDIANAPOLIS, IN 46202	814833311	501(C)(3) PUBLI	32,856.				TRANSITIONS OF FORME
(9) PROJECT STEPPING STONE OF INDIANA P.O. BOX 1501 INDIANAPOLIS, IN 46206-1501		501(C)(3) PUBLI	24,589.				PROJECT STEPPING STO
(10) PURDUE FOUNDATION DEVELOPMENT OFFICE WEST LAFAYETTE, IN 47907	351052049	501(C)(3) PUBLI	28,500.				PMO PURDUE VARSITY G
(11) PURDUE UNIVERSITY PRE-AWARD SERVICES	356002041	501(C)(3) PUBLI	12,500.				CHARITABLE CONTRIBUT
(12) PURDUE UNIVERSITY COOPERATIVE EXTENSION SER 155 S. GRANT ST. WEST LAFAYETTE, IN 47907	356002041	501(C)(3) PUBLI	7,367.				CHARITABLE CONTRIBUT

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1) PURPLE HEART HOMES, INC. P.O. BOX 5535 STATESVILLE, NC 28687	263516121	501(C)(3) PUBLI	10,000.				DEVELOPMENT OF PHH I
(2) QUALITY LIFE CENTER OF SOUTHWEST FLORIDA P.O. DRAWER 1290 FORT MEYERS, FL 33902-1290	650321309	501(C)(3) PUBLI	25,000.				TO BE USED AT THE OR
(3) QUEENS UNIVERSITY OF CHARLOTTE 1900 SELWYN AVE. CHARLOTTE, NC 28274	560530003	501(C)(3) PUBLI	33,761.				TO BE USED AT THE OR
(4) READY BY 21 MENTORING P.O. BOX 216 DEER ISLE, ME 04627	464144129	501(C)(3) PUBLI	7,000.				TO BE USED AT THE OR
(5) RECYCLEFORCE 1255 ROOSEVELT AVE. INDIANAPOLIS, IN 46201	141892402	501(C)(3) PUBLI	20,000.				GENERAL OPERATING SU
(6) RICHMOND ART MUSEUM 350 HUB ETCHISON PKWY	356005040	501(C)(3) PUBLI	10,000.				GENERAL OPERATING SU
(7) RILEY CHILDREN'S FOUNDATION 30 S. MERIDIAN ST.	350868147	501(C)(3) PUBLI	72,618.				TO BE USED AT THE OR
(8) RIVER BEND FOOD RESERVOIR 4040 KIMMEL DRIVE DAVENPORT, IN 52802	363147342	501(C)(3) PUBLI	10,000.				TO BE USED AT THE OR
(9) ROOSEVELT UNIVERSITY 430 S. MICHIGAN AVE. CHICAGO, IL 60605	362167854	501(C)(3) PUBLI	25,000.				BLACK MALE LEADERSHI
(10) RSVP VOLUNTEER CENTER 501 BURKHART DR. WASHINGTON, IN 47501	351760790	501(C)(3) PUBLI	7,970.				CHARITABLE CONTRIBUT
(11) SECOND CITY CANINE RESCUE P.O. BOX 721094 ROSELLE, IL 60172	453336498	501(C)(3) PUBLI	25,000.				SAVING LIVES THROUGH
(12) SECOND HARVEST FOOD BANK OF EAST CENTRAL IN 6621 N. OLD SR 3 MUNCIE, IN 47303	311111795	501(C)(3) PUBLI	10,000.				CHARITABLE CONTRIBUT

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(1) SECOND HELPINGS, INC. THE EUGENE AND MARILYN GLICK CENTER	351484281	501(C)(3) PUBLI	92,200.				TO BE USED AT THE OR
(2) SECOND PRESBYTERIAN CHURCH 7700 N. MERIDIAN ST.	350868030	RELIGIOUS ORGAN	10,500.				TO BE USED AT THE OR
(3) SEEDS OF HOPE, INC. 1425 S. MICKLEY AVE.	352086855	501(C)(3) PUBLI	15,000.				OPERATING SUPPORT
(4) SENIOR NEIGHBORS 678 FRONT AVE. NW GRAND RAPIDS, MI 49504	237194591	501(C)(3) PUBLI	7,500.				CHARITABLE CONTRIBUT
(5) SERVANTS AT WORK P.O. BOX 68831 INDIANAPOLIS, IN 46268	453825509	501(C)(3) PUBLI	96,677.				PROCEEDS OF SWEET ST
(6) SERVANT'S HEART OF INDY, INC. 5602 ELMWOOD AVE INDIANAPOLIS, IN 46203	200123553	501(C)(3) PUBLI	7,500.				CHARITABLE CONTRIBUT
(7) SF-MARIN FOOD BANK 900 PENNSYLVANIA AVE.	943041517	501(C)(3) PUBLI	8,500.				TO BE USED AT THE OR
(8) SHARES, INC. 1611 S. MILLER ST. SHELBYVILLE, IN 46176	351389005	501(C)(3) PUBLI	20,500.				TRANSPORTATION / VEH
(9) SHELBY SENIOR SERVICES 1504 S. HARRISON ST. SHELBYVILLE, IN 46176	351447684	501(C)(3) PUBLI	50,000.				OPERATING FUNDS FOR
(10) SHEPHERD COMMUNITY CENTER INC. 4107 E. WASHINGTON ST.	351765846	501(C)(3) PUBLI	405,000.				TO BE USED AT THE OR
(11) SILENT CINEMA PRESENTATIONS, INC. P.O. BOX 903 NEW YORK, NY 10024-0546	134819441	501(C)(3) PUBLI	19,000.				RESTORATION OF THE F
(12) SOCIETY OF ST. VINCENT DE PAUL 3001 E. 30TH ST.	371507632	501(C)(3) PUBLI	26,000.				TO BE USED AT THE OR

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(1) SON FOUNDATION P.O. BOX 17036 INDIANAPOLIS, IN 46217	900997011	501(C)(3) PUBLI	6,834.				CHARITABLE CONTRIBUT
(2) SOUTHEAST COMMUNITY SERVICES, INC. 901 S. SHELBY ST. INDIANAPOLIS, IN 46203	351318068	501(C)(3) PUBLI	11,500.				CHARITABLE CONTRIBUT
(3) SOUTHEAST NEIGHBORHOOD DEVELOPMENT, INC. 1035 SANDERS ST. INDIANAPOLIS, IN 46203	351557200	501(C)(3) PUBLI	7,500.				CHARITABLE CONTRIBUT
(4) SPRINGDALE CHURCH OF THE NAZARENE 11177 SPRINGFIELD PIKE CINCINNATI, OH 45246	310918496	501(C)(3) PUBLI	25,000.				CAPITAL AND OFFERING
(5) SPRINGHILL CAMPS 739 E. BELTLINE AVE. NE	386090586	501(C)(3) PUBLI	5,100.				CHARITABLE CONTRIBUT
(6) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 3091 E. 98TH ST. INDIANAPOLIS, IN 46280	620646012	501(C)(3) PUBLI	231,786.				TO BE USED AT THE OR
(7) ST. LUKE'S EPISCOPAL CHURCH 939 HINMAN AVE. EVANSTON, IL 60202	362170847	501(C)(3) PUBLI	25,000.				TO BE USED AT THE OR
(8) ST. MARGARET'S HOUSE 117 N. LAFAYETTE BLVD. SOUTH BEND, IN 46601	351913328	501(C)(3) PUBLI	6,750.				CHARITABLE CONTRIBUT
(9) ST. MARY'S CHILD CENTER 901 DR. MARTIN LUTHER KING JR. ST.	351141484	501(C)(3) PUBLI	13,500.				CHARITABLE CONTRIBUT
(10) ST. NICHOLAS EARLY LEARNING, INC. C/O TRINITY OUTREACH CENTER	364824421	501(C)(3) PUBLI	11,000.				TO BE USED AT THE OR
(11) ST. THOMAS EPISCOPAL CHURCH 600 PAUL HAND BLVD. FRANKLIN, IN 46131	351449379	RELIGIOUS ORGAN	10,000.				ST. THOMAS CLINIC -
(12) ST. VINCENT DEPAUL FT. WAYNE 1600 S CALHOUN ST. FORT WAYNE, IN 46802	350975940	501(C)(3) PUBLI	7,000.				CHARITABLE CONTRIBUT

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(1) ST. VINCENT HOSPITAL FOUNDATION 8402 HARCOURT RD. INDIANAPOLIS, IN 46260	356088862	501(C)(3) PUBLI	6,319.				CHARITABLE CONTRIBUT
(2) STANWOOD CAMANO FOOD BANK SERVICES P.O. BOX 1285 STANWOOD, WA 98292	911155426	501(C)(3) PUBLI	10,000.				TO BE USED AT THE OR
(3) STEM CONNECTION 8407 MOORE RD. INDIANAPOLIS, IN 46278	465647562	501(C)(3) PUBLI	6,000.				GENERAL OPERATING
(4) STORYTELLING ARTS OF INDIANA, INC. 450 W. OHIO ST. INDIANAPOLIS, IN 46202	351724507	501(C)(3) PUBLI	5,035.				2019 DISTRIBUTION
(5) STRAIGHT UP MINISTRIES 6525 GRANDVIEW DR. INDIANAPOLIS, IN 46260	271031431	501(C)(3) PUBLI	8,500.				CHARITABLE CONTRIBUT
(6) SUMMIT PERFORMANCE 705 N. ILLINOIS ST. INDIANAPOLIS, IN 46204	821353081	501(C)(3) PUBLI	50,000.				INCREASING CAPACITY
(7) SWIRCA & MORE 16 W. VIRGINIA EVANSVILLE, IN 47737	351330782	501(C)(3) PUBLI	7,500.				CHARITABLE CONTRIBUT
(8) TAUBMAN MUSEUM OF ART 110 SALEM AVE SE ROANOKE, VA 24011	546026841	501(C)(3) PUBLI	10,500.				BRUSH PALS: INTERGEN
(9) TECHPOINT FOUNDATION FOR YOUTH DEVELOPERTOWN, STE. #4	352155455	501(C)(3) PUBLI	127,000.				2019 DISTRIBUTION
(10) TEENWORKS 2820 MERIDIAN ST. INDIANAPOLIS, IN 46208	462047309	501(C)(3) PUBLI	9,227.				CHARITABLE CONTRIBUT
(11) THE ART INSTITUTE OF CHICAGO 111 S. MICHIGAN AVE. CHICAGO, IL 60603-6404	362167725	501(C)(3) PUBLI	60,000.				PROGRAM SUPPORT
(12) THE BAIL PROJECT PO BOX 750 VENICE, CA 90294	814985512	501(C)(3) PUBLI	50,000.				INDIANAPOLIS BAIL FU

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(1) THE CABARET 924 N. PENNSYLVANIA ST.	311225154	501(C)(3) PUBLI	77,490.				2019 DISTRIBUTION
(2) THE CHILDREN'S MUSEUM OF INDIANAPOLIS 3000 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	350867985	501(C)(3) PUBLI	102,500.				TO BE USED AT THE OR
(3) THE COLLEGE OF WILLIAM AND MARY GIFT ACCOUNTING OFFICE	546001718	EDUCATIONAL ORG	10,000.				CHARITABLE CONTRIBUT
(4) THE COLUMBUS PARK FOUNDATION P.O. BOX 858 COLUMBUS, IN 47202	351343903	501(C)(3) PUBLI	20,000.				CRIDER 2.0
(5) THE DAVINCI PURSUIT 826 N GRAHAM AVE. INDIANAPOLIS, IN 46219	271317762	501(C)(3) PUBLI	15,000.				DAVINCI INNOVATION W
(6) THE DISTRICT THEATRE INC. 627 MASSACHUSETTS AVE.	351747371	501(C)(3) PUBLI	10,000.				TDT IHEDA CAMPAIGN
(7) THE ENERGY FOUNDATION 301 BATTERY ST. SAN FRANCISCO, CA 94111	831740146	501(C)(3) PUBLI	33,333.				TO BE USED AT THE OR
(8) THE FAMILY DEFENSE CENTER 555 W. HARRISON ST. CHICAGO, IL 60607	203096347	501(C)(3) PUBLI	50,000.				BRANDING, WEBSITE AN
(9) THE FIELD MUSEUM 1400 S. LAKE SHORE DR.	362167011	501(C)(3) PUBLI	30,000.				ANNUAL FUND SUPPORT
(10) THE FORTUNE ACADEMY 5626 LAWTON LOOP E. DR.	352148108	501(C)(3) PUBLI	237,000.				PROVIDE 15 TEACHER S
(11) THE GRAMMY MUSEUM FOUNDATION 800 W. OLYMPIC BLVD LOS ANGELES, CA 90015	261447714	501(C)(3) PUBLI	10,000.				GENERAL OPERATING
(12) THE INDIANAPOLIS PUBLIC LIBRARY FOUNDATI P.O. BOX 6134 INDIANAPOLIS, IN 46206-6134	237016089	501(C)(3) PUBLI	393,634.				2019 DISTRIBUTION

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(1) THE JOHN E. CHRISTIAN FAMILY MEMORIAL TRUST 1201 CENTRAL AVE. INDIANAPOLIS, IN 46202	351871610	501(C)(3) PUBLI	10,000.				ACCESSIBILITY PLAN F
(2) THE JULIAN CENTER, INC. 2011 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351346514	501(C)(3) PUBLI	26,200.				TO BE USED AT THE OR
(3) THE LEARNING ALLIANCE P.O. BOX 643446 VERO BEACH, FL 32964-3446	270725986	501(C)(3) PUBLI	11,000.				TO BE USED AT THE OR
(4) THE LUGAR CENTER 1455 PENNSYLVANIA AVE., NW	461706566	501(C)(3) PUBLI	50,000.				GENERAL OPERATING SU
(5) THE MANNA FOOD PROJECT 8791 MCBRIDE PARK CT.	382764533	501(C)(3) PUBLI	8,500.				TO BE USED AT THE OR
(6) THE MIND TRUST 1630 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	204560286	501(C)(3) PUBLI	250,000.				THE MIND TRUST HIGH
(7) THE NATURE CONSERVANCY IN INDIANA 620 E. OHIO ST. INDIANAPOLIS, IN 46202-2418	530242652	501(C)(3) PUBLI	58,221.				TO BE USED AT THE OR
(8) THE NAVIGATORS P.O. BOX 6079 ALBERT LEA, MN 56007-6679	846007896	501(C)(3) PUBLI	8,600.				DONOR #23762537.
(9) THE POLIS CENTER 1200 WATERWAY BLVD. INDIANAPOLIS, IN 46204		EDUCATIONAL ORG	20,000.				SAVI CHANGING LANDSC
(10) THE SALVATION ARMY 6060 CASTLEWAY W. DR.	362167910	501(C)(3) PUBLI	8,550.				TO BE USED AT THE OR
(11) THE SHEPHERD'S CENTER OF HAMILTON COUNTY 347 S. 8TH. ST. NOBLESVILLE, IN 46060	311131854	501(C)(3) PUBLI	25,000.				REACHING RESOURCES
(12) THE UNIVERSITY OF WEST ALABAMA FOUNDATION UNIVERSITY WEST ALABAMA	631074127	501(C)(3) PUBLI	5,918.				EDUCATION FOR SOMEON

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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) THE VILLAGES OF INDIANA, INC. 3833 N. MERIDIAN ST.	351708240	501(C)(3) PUBLI	11,000.				TO BE USED AT THE OR
(2) TRINITY HAVEN INC 3561 N. PENNSYLVANIA ST.	825358554	501(C)(3) PUBLI	155,750.				TO BE USED AT THE OR
(3) TURNING POINT/COLUMBUS REGIONAL SHELTER P.O. BOX 103 COLUMBUS, IN 47202-0103	310993447	501(C)(3) PUBLI	20,250.				GENERAL OPERATING
(4) UNITED CEREBRAL PALSY ASSOCIATION OF GRE 6270 CORPORATE DR. INDIANAPOLIS, IN 46278	350995988	501(C)(3) PUBLI	82,255.				2019 DISTRIBUTION
(5) UNITED WAY OF CENTRAL INDIANA 2955 N MERIDIAN ST. INDIANAPOLIS, IN 46208	351007590	501(C)(3) PUBLI	135,000.				ANNUAL CAMPAIGN SUPP
(6) UNIVERSITY OF EVANSVILLE 1800 LINCOLN AVE. EVANSVILLE, IN 47722	350868074	501(C)(3) PUBLI	12,000.				LECTURE SERIES, GALL
(7) UNIVERSITY OF KENTUCKY KING ALUMNI HOUSE LEXINGTON, KY 40506-0119	616001218	EDUCATIONAL ORG	6,000.				UNIVERSITY OF KENTUC
(8) UNIVERSITY OF MICHIGAN COLLEGE OF LITERATURE, SCIENCE & ARTS	386006309	501(C)(3) PUBLI	25,000.				EMERGING ARTIST IN R
(9) UNIVERSITY OF SOUTHERN INDIANA FOUNDATION 8600 UNIVERSITY BLVD. EVANSVILLE, IN 47712	237042320	501(C)(3) PUBLI	127,000.				CAPITAL CAMPAIGN
(10) URBAN LAND INSTITUTE INDIANA 6161 HILLSIDE AVE. INDIANAPOLIS, IN 46220	530159845	501(C)(3) PUBLI	5,625.				FAR EASTSIDE TECHNIC
(11) VANDALIA COMMUNITY PRESERVATION ASSOCIATION 5471 VANDALIA RD. SPENCER, IN 47460	351963871	501(C)(3) PUBLI	10,000.				VANDALIA METHODIST E
(12) VISUALLY IMPAIRED PRESCHOOL SERVICES - INDI 1100 W 42ND ST. INDIANAPOLIS, IN 46208	611061973	501(C)(3) PUBLI	20,500.				TO BE USED AT THE OR

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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VOLUNTEER CENTER OF RACINE COUNTY 6216 WASHINGTON AVE. RACINE, WI 53406	391997779	501(C)(3) PUBLI	6,000.				CHARITABLE CONTRIBUT
(2) WABASH VALLEY TRUST FOR HISTORIC PRESERVATI P.O. BOX 1354 LAFAYETTE, IN 47902	237361648	501(C)(3) PUBLI	10,000.				ADMN BUILDING AT THE
(3) WATER FOR GOOD P.O. BOX 247 WINONA LAKE, IN 46590	320112278	501(C)(3) PUBLI	83,000.				GENERAL OPERATING SU
(4) WAZA ALLIANCE FOR QUALITY EDUCATION 4059 EAGLE COVE E. DR.	263318369	501(C)(3) PUBLI	6,000.				GENERAL OPERATING SU
(5) WFYI PUBLIC MEDIA 1630 N. MERIDIAN ST. INDIANAPOLIS, IN 46202	351147600	501(C)(3) PUBLI	24,374.				TO BE USED AT THE OR
(6) WHEELER MISSION MINISTRIES 205 E. NEW YORK ST. INDIANAPOLIS, IN 46204	350888771	501(C)(3) PUBLI	54,950.				TO BE USED AT THE OR
(7) WILHELM REICH INFANT TRUST ORGONON RANGELEY, ME 04970	010485254	501(C)(3) PUBLI	26,450.				STRATEGIC PLANNING S
(8) WILLOW CREEK ASSOCIATION P.O. BOX 3188 BARRINGTON, IL 60011-3188	363799040	501(C)(3) PUBLI	50,000.				GLOBAL LEADERSHIP NE
(9) WISH FOR OUR HEROES 802 MULBERRY ST. NOBLESVILLE, IN 46060	270483869	501(C)(3) PUBLI	20,000.				TO BE USED AT THE OR
(10) YMCA OF GREATER INDIANAPOLIS 615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350868211	501(C)(3) PUBLI	558,400.				TO BE USED AT THE OR
(11) YOUNG ACTORS THEATRE 401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	351556468	501(C)(3) PUBLI	12,500.				TO BE USED AT THE OR
(12) YOUNG LIFE CHESAPEAKE 335 CENTERVILLE TPKE S	840385934	501(C)(3) PUBLI	15,918.				STAFFING, CAMPS AND

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) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YOUNG LIFE DAYTON 1682 N LONGVIEW ST. BEAVERCREEK, OH 45432	840385934	501(C)(3) PUBLI	35,918.				BEAVERCREEK CHAPTER
(2) YOUTH GLOBAL PERSPECTIVES 3161 N. KENWOOD AVE. INDIANAPOLIS, IN 46208	811718967	501(C)(3) PUBLI	10,000.				GENERAL OPERATING SU
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 386.

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) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 GRANTS TO ATTEND U.S. UNIVERSITIES	89.	923,863.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Compensation Information

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 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** **X**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** **X**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** **X**
- 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** **X**
- b** Any related organization? **5b** **X**
- 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** **X**
- b** Any related organization? **6b** **X**
- 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** **X**

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** **X**

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		X

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

Schedule J (Form 990) 2019

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				
1	BRIAN E. PAYNE PRESIDENT AND CEO	(i) 204,542.	(ii) 0.	(iii) 0.	13,794.	11,573.	229,909.	0.
	(ii)	230,654.	0.	0.	15,555.	13,051.	259,260.	0.
2	JENNIFER K. BARTENBACH CHIEF FINANCIAL OFFICER	(i) 129,409.	(ii) 0.	(iii) 0.	10,172.	278.	139,859.	0.
	(ii)	97,624.	0.	0.	7,674.	210.	105,508.	0.
3	ROBERT A. MACPHERSON VP OF DEVELOPMENT	(i) 107,449.	(ii) 0.	(iii) 0.	25,412.	18,366.	151,227.	0.
	(ii)	65,856.	0.	0.	15,575.	11,257.	92,688.	0.
4	TAMARA WINFREY-HARRIS VP OF COMMUNITY LEADERSHIP	(i) 78,367.	(ii) 0.	(iii) 0.	6,802.	10,148.	95,317.	0.
	(ii)	52,244.	0.	0.	4,534.	6,765.	63,543.	0.
5	JENNIFER POPE BAKER EXEC. DIRECTOR OF WOMEN'S FUND	(i) 138,247.	(ii) 0.	(iii) 0.	29,104.	8,432.	175,783.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	BRENDA K. DELANEY CONTROLLER	(i) 65,979.	(ii) 0.	(iii) 0.	15,207.	9,320.	90,506.	0.
	(ii)	45,849.	0.	0.	10,568.	6,478.	62,895.	0.
7		(i)						
	(ii)							
8		(i)						
	(ii)							
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	24 .	1,463,238 .	FMV ON DATE RECEIVE
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) 2019

JSA

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

SCHEDULE M, PART I, LINE 9(B)

NUMBER OF ITEMS CONTRIBUTED:

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED FROM
DONORS IN THIS COLUMN.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

35-1793680

FORM 990, PART V, QUESTIONS 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,
HAMILTON COUNTY COMMUNITY FOUNDATION, 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 2019.

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	\$	(20,781)
CHANGE IN DEFINED BENEFIT PENSION PLAN		(394,117)
TRANSFERS AND OTHER EXCHANGES		(34,930)

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

TOTAL: \$ (449,828)

ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
OPERATING SUPPORT INCOME			578,642.
TOTALS			<u>578,642.</u>

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BKD, LLP PO BOX 44998 INDIANAPOLIS, IN 46244	ACCOUNTING SERVICES	132,444.
ENVISTA TECHNOLOGY SOLUTIONS 11555 N MERIDIAN ST CARMEL, IN 46032	IT SERVICES	226,974.
RDG STRATEGIES, LLC 1931 E. 79TH ST. INDIANAPOLIS, IN 46240	CONSULTING SERVICES	147,482.
INFLUENCE SG 440 E 82ND ST INDIANAPOLIS, IN 46240	CONSULTING SERVICES	290,641.
PEPPER CONSTRUCTION 1850 W 15TH ST INDIANAPOLIS, IN 46202	CONSTRUCTION	1,502,950.

**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 for instructions and the latest information.

OMB No. 1545-0047

2019

**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. 615 N. ALABAMA ST., STE 300 INDIANAPOLIS, IN 46204 45-4618430	CHARITABLE	IN	501(C)3	7	CICF	X	
(2) INDIANAPOLIS PARKS FOUNDATION INC. 615 N. ALABAMA ST., STE 300 INDIANAPOLIS, IN 46204 35-1860468	CHARITABLE	IN	501(C)3	12A, I	CICF	X	
(3) THE WILLIAM E. ENGLISH FOUNDATION 615 N. ALABAMA ST., STE 300 INDIANAPOLIS, IN 46204 35-0929970	CHARITABLE	IN	501(C)3	12A, I	INDPLS FDN		X
(4) NEXTECH.ORG, INC. 615 N. ALABAMA ST., SUITE 300 INDIANAPOLIS, IN 46204 45-3362871	CHARITABLE	IN	501(C)3	PF	CICF	X	
(5) MCCAW FAMILY FOUNDATION, INC. 615 N. ALABAMA ST., STE 300 INDIANAPOLIS, IN 46204 35-2057394	CHARITABLE	IN	501(C)3	12A, I	CICF	X	
(6) THE DISTRICT THEATRE, INC. 615 N ALABAMA ST., STE 300 INDIANAPOLIS, IN 46204 35-1747371	CHARITABLE	IN	501(C)3	10	CICF	X	
(7)							

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

Schedule R (Form 990) 2019

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE INDIANAPOLIS FOUNDATION, INC.	B	225,600.	FMV
(2) INDIANAPOLIS PARKS FOUNDATION	B	70,250.	FMV
(3) THE WILLIAM E ENGLISH FOUNDATION	K/P	113,771.	FMV
(4) THE INDIANAPOLIS FOUNDATION, INC.	N	66,737.	FMV
(5) THE WILLIAM E ENGLISH FOUNDATION	N	726,173.	FMV
(6) THE INDIANAPOLIS FOUNDATION, INC.	O	1,881,366.	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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE WILLIAM E ENGLISH FOUNDATION	O	275,069.	FMV
(2) NEXTECH.ORG, INC.	O	611,319.	FMV
(3) THE WILLIAM E ENGLISH FOUNDATION	Q	762,125.	FMV
(4) NEXTECH.ORG, INC.	Q	1,177,899.	FMV
(5) THE INDIANAPOLIS FOUNDATION, INC.	Q	5,554,991.	FMV
(6)			

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

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

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

Part VII **Supplemental Information**

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

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/e-file-for-charities-and-non-profits.

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. CENTRAL INDIANA COMMUNITY FOUNDATION INC	Taxpayer identification number (TIN) 35-1793680
	Number, street, and room or suite no. If a P.O. box, see instructions. 615 NORTH ALABAMA STREET 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46204	

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

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

JENNIFER K. BARTENBACH

• The books are in the care of ► 615 N. ALABAMA ST, STE 300 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2019 or
► tax year beginning _____, 20____, and ending _____, 20____.

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

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

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

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

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

For calendar year 2019 or other tax year beginning 01/01, 2019, and ending 12/31, 2019.

2019

Department of the Treasury
Internal Revenue Service

▶ 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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 501(C)(3)</td> <td><input type="checkbox"/> 220(e)</td> </tr> <tr> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 530(a)</td> </tr> <tr> <td><input type="checkbox"/> 408A</td> <td><input type="checkbox"/> 529(a)</td> </tr> </table> <p>C Book value of all assets at end of year</p> <p>447,971,651.</p>	<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 220(e)	<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)	<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>CENTRAL INDIANA COMMUNITY FOUNDATION INC</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p>615 NORTH ALABAMA STREET 300</p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p>INDIANAPOLIS, IN 46204</p> <p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p>D Employer identification number (Employees' trust, see instructions.)</p> <p>35-1793680</p> <p>E Unrelated business activity code (See instructions.)</p> <p>525990</p>
<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 220(e)								
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)								
<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)								

H Enter the number of the organization's unrelated trades or businesses. ▶ 2 Describe the only (or first) unrelated trade or business here ▶ PARTNERSHIP INCOME. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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	51,608.	51,608.
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 a partnership or an S corporation (attach statement)		5	-989,760.	-989,760.
6	Rent income (Schedule C)		6		
7	Unrelated debt-financed income (Schedule E)		7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10	Exploited exempt activity income (Schedule I)		10		
11	Advertising income (Schedule J)		11		
12	Other income (See instructions; attach schedule)		12		
13	Total. Combine lines 3 through 12		13	-938,152.	-938,152.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)					
14	Compensation of officers, directors, and trustees (Schedule K)		14		19,616.
15	Salaries and wages		15		24,638.
16	Repairs and maintenance		16		
17	Bad debts		17		
18	Interest (attach schedule) (see instructions)		18		
19	Taxes and licenses		19		1,096.
20	Depreciation (attach Form 4562)		20		
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		
22	Depletion		22		
23	Contributions to deferred compensation plans		23		
24	Employee benefit programs		24		8,648.
25	Excess exempt expenses (Schedule I)		25		
26	Excess readership costs (Schedule J)		26		
27	Other deductions (attach schedule)		27	ATCH 2	44,714.
28	Total deductions. Add lines 14 through 27		28		98,712.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		-1,036,864.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30		
31	Unrelated business taxable income. Subtract line 30 from line 29		31		-1,036,864.

For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2019)

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	147.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	147.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	147.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

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

57	At any time during the 2019 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
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year		\$

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

Sign Here	Signature of officer	11/15/2020	EXECUTIVE VP AND CFO	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Print/Type preparer's name	Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name			PTIN
	Firm's address			Phone no.

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

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

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

(see instructions)

1. Description of property

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

2. Rent received or accrued

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

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

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

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

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

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

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

Nonexempt Controlled Organizations

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

Totals

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

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

Totals

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

Totals

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

Totals (carry to Part II, line (5))

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.

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

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

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning 01/01, 2019, and ending 12/31, 2019.

Department of the Treasury
Internal Revenue Service

▶ 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

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number

35-1793680

Unrelated Business Activity Code (see instructions) ▶ 525990

Describe the unrelated trade or business ▶ INVESTMENT IN S CORPORATION

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		
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 a partnership or an S corporation (attach statement) <u>ATCH 3</u>		5	147.	147.
6	Rent income (Schedule C)		6		
7	Unrelated debt-financed income (Schedule E)		7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10	Exploited exempt activity income (Schedule I)		10		
11	Advertising income (Schedule J)		11		
12	Other income (See instructions; attach schedule)		12		
13	Total. Combine lines 3 through 12		13	147.	147.

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

14	Compensation of officers, directors, and trustees (Schedule K)		14		
15	Salaries and wages		15		
16	Repairs and maintenance		16		
17	Bad debts		17		
18	Interest (attach schedule) (see instructions)		18		
19	Taxes and licenses		19		
20	Depreciation (attach Form 4562)	20			
21	Less depreciation claimed on Schedule A and elsewhere on return	21a			21b
22	Depletion		22		
23	Contributions to deferred compensation plans		23		
24	Employee benefit programs		24		
25	Excess exempt expenses (Schedule I)		25		
26	Excess readership costs (Schedule J)		26		
27	Other deductions (attach schedule)		27		
28	Total deductions. Add lines 14 through 27		28		
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		147.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30		
31	Unrelated business taxable income. Subtract line 30 from line 29		31		147.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

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

ENCAP ENERGY CAPITAL FUND IX LP	-86,100.
GLOBAL ENVIRONMENT CAPITAL COMPANY LLC	247.
GMO FORESTRY FUND 8-B LP	-1,280.
KAYNE ANDERSON ENERGY FUND III	-70.
KAYNE ANDERSON ENERGY FUND IV	-395.
LIME ROCK RESOURCES B LP	-5,205.
LEVEL EQUITY GROWTH PARTNERS I AIV (NB) LP	7,903.
LEVEL EQUITY GROWTH PARTNERS II AIV (NB) LP	-34,783.
LEVEL EQUITY OPPORTUNITIES FUND 2015, LP	-20,764.
NATURAL GAS PARTNERS IX	-25,064.
LEVEL EQUITY GROWTH PARTNERS I LP	-17,664.
DENHAM COMMODITY PARTNERS FUND LP	77,939.
METROPOLITAN REAL ESTATE PARTNERS	1,832.
TRUEBRIDGE-KAUFFMAN ENDOWMENT FUND II LP	-284.
COMMON FUND CAPITAL VENTURE PARTNERS IX LP	-4,278.
THE VARDE FUND IX-A LP	-113.
KAYNE ANDERSON ENERGY FUND VI LP	-72,507.
AMBERBROOK IV LLC	-1,421.
AMBERBROOK V LLC	-214.
AMBERBROOK VI LLC	1,069.
AG SUPER FUND, LP	-245.
YORKTOWN ENERGY PARTNERS IX LP	117,292.
THE BLACKSTONE GROUP LP	
TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWMENT FUND III LP	366.
ENR PARTNERS, LP	-193,845.
KAYNE ANDERSON VII	-105,973.
ENR PARTNERS II, LP	-461,236.
LEGP III AIV (NP) LP	-14,728.
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS	1,426.
TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWMENT FUND IV LP	408.
TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWMENT FUND V LP	-617.
SUBURBAN PROPANE PARTNERS LP	258.
MAGELLAN MIDSTREAM PARTNERS LP	-602.
ENTERPRISE PRODUCTS PARTNERS LP	3,484.
ENERGY SPECTRUM PARTNERS VIII LP	-97,794.
EURO CHOICE SECONDARY LP	-34.
OLYMPUS GROWTH FUND VII, LP	-56,767.
TRUEBRIDGE CAPITAL PARTNERS FUND VI, LP	-1.
INCOME (LOSS) FROM PARTNERSHIPS	<u>-989,760.</u>

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

AUDIT FEES	22,000.
TAX PREP FEES	16,500.
INVESTMENT MANAGEMENT FEES	6,214.

PART II - LINE 27 - OTHER DEDUCTIONS	<u>44,714.</u>
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INVESTMENT IN S CORPORATION

SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

SUGAR CREEK PROPERTIES, INC. 147.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS 147.

**Central Indiana Community Foundation
Net Operating Loss Carryforward
Created Pre-2018: All Activities**

Tax Year	Federal Income Generated	Federal NOL Generated	Federal NOL Utilized	Federal Remaining NOL C/F
12/31/2006		(238,858)	238,858	-
12/31/2007		(210,022)	210,022	-
12/31/2008		(981,757)	981,757	-
12/31/2009		(947,021)	497,394	(449,627)
12/31/2010		(595,184)		(1,044,811)
12/31/2011	722,254	-		(1,044,811)
12/31/2012		(253,930)		(1,298,741)
12/31/2013	251,496	-		(1,298,741)
12/31/2014	937,808	-		(1,298,741)
12/31/2015		(711,879)		(2,010,620)
12/31/2016		(119,246)		(2,129,866)
12/31/2017		(997,838)		(3,127,704)
12/31/2018	1,571			(3,127,704)
12/31/2019	147			(3,127,704)

FOOTNOTE: ADJUSTED AMOUNT OF 12/31/2018 NOL USED TO REFLECT THE REPEALING OF TAXABLE QUALIFIED TRANSPORTATION FRINGE BENEFITS UNDER §512(A)(7).

Central Indiana Community Foundation
Net Operating Loss Carryforward
Created Post-2017: Partnership Income Activity

Tax Year	Federal Income Generated	Federal NOL Generated	Federal NOL Utilized	Federal Remaining NOL C/F
12/31/2018	-	(1,327,821)	-	(1,327,821)
12/31/2019	-	(1,036,864)	-	(2,364,685)

Central Indiana Community Foundation
S Corporation Income
12/31/2019

Form 990-T, Schedule M, Part I, Line 5

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

Name of S Corporation: Sugar Creek Properties, Inc.

Net rental real estate income (loss)	\$144
Interest Income	3
Net income reported on Line 5	<u><u>\$147</u></u>

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2019

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

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked		28.		28.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 28.

Part II Long-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked		568.		-568.
11 Enter gain from Form 4797, line 7 or 9				11 52,148.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions (see instructions)				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 51,580.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	28.
		51,580.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	18	51,608.

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) 2019

Department of the Treasury
Internal Revenue Service

▶ Go to 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.

Attachment
Sequence No. **12A**

Name(s) shown on return CENTRAL INDIANA COMMUNITY FOUNDATION INC	Social security number or taxpayer identification number 35-1793680
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Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ST CAPITAL GAIN	VARIOUS	VARIOUS	28.				28.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				28.				28.

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

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

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 generally long-term (see instructions). 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 of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	LT CAPITAL GAIN	VARIOUS	VARIOUS		568.			-568.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►					568.		-568.

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

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

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Attachment Sequence No. 27

Go to www.irs.gov/Form4797 for instructions and the latest information.

Table with 2 columns: Name(s) shown on return (CENTRAL INDIANA COMMUNITY FOUNDATION INC) and Identifying number (35-1793680)

1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions. 1

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

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed, (f) Cost or other basis, (g) Gain or (loss). Row 1: ATTACHMENT 1, 52,148.

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 52,148.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, 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 loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) 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 Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4. 18b

For Paperwork Reduction Act Notice, see separate instructions.

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

Table with 3 columns: (a) Description of section 1245, 1250, 1252, 1254, or 1255 property; (b) Date acquired; (c) Date sold. Rows A, B, C, D.

Main table with 5 columns: Property A, Property B, Property C, Property D. Rows 20-29b detailing gain calculations for sections 1245, 1250, 1252, 1254, and 1255.

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

Summary table with 3 columns: Description, 30, 31, 32. Rows 30-32 for total gains and adjustments.

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

Table with 3 columns: (a) Section 179, (b) Section 280F(b)(2). Rows 33-35 for recapture amounts.

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
1231 GAIN	VARIOUS	VARIOUS	52,148.			52,148.
Totals						52,148.

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/e-file-for-charities-and-non-profits.

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. CENTRAL INDIANA COMMUNITY FOUNDATION INC	Taxpayer identification number (TIN) 35-1793680
	Number, street, and room or suite no. If a P.O. box, see instructions. 615 NORTH ALABAMA STREET 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46204	

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

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

JENNIFER K. BARTENBACH

- The books are in the care of ► 615 N. ALABAMA ST, STE 300 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/16, 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 19 or
- tax year beginning _____, 20 _____, and ending _____, 20 _____.

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

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

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

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