

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 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.

Form **990**

(Rev. January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service 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.

2019

OMB No. 1545-0047

Open to Public

AI	For th	e 2019	calendar year, or tax year beginning	, 2019	, and ending				, 20			
_			C Name of organization	· · · ·		D	Employer ider	ntification	-			
B	Check if a	applicable:	CENTRAL INDIANA COMMUN	NITY FOUNDATION INC			35-1793	3680				
	Addr chan		Doing business as									
		e change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E	Telephone nur	nber				
	-	I return	615 NORTH ALABAMA STR	CET	300	(317) 63-	4-2423	3			
	Final	return/	City or town, state or province, country, a	nd ZIP or foreign postal code			- ,		-			
-	termi Amei	inated nded	INDIANAPOLIS, IN 46204	•		G	Gross receipts	s 1	.25,558	3.379		
-	retur Appli	n ication	F Name and address of principal officer:	BRIAN PAYNE			(a) Is this a grou		Yes			
	pend	ling	615 NORTH ALABAMA ST S		TN 46204		subordinates	?				
-	Tax a	vomet of					(b) Are all subordi		ee instruction:			
<u>-</u>		kempt st	atus: X 501(c)(3) 501(c) (WWW.CICF.ORG) < (insert no.) 4947(a)(1)	or 527	—				5)		
J					1 Year of		(c) Group exemp : 1997 M s		-	IN		
		_		Association Other	L Year of	formation	: 1997 M S	state of le	gal domicile	: 11		
Ρ	art I		mmary			TVOT						
	1		/ describe the organization's mission or					GRESS,	AND A	7		
Governance			PORTER OF VISIONARY IDEA		MPROVE OU	JR COM	IMUNTIY					
rna			THE LIVES OF ITS RESIDE									
ove	2			scontinued its operations or dispos						0.0		
	3		er of voting members of the governing					3		22.		
s S S	4		er of independent voting members of t					4		22.		
Activities &	5		number of individuals employed in cale					5		23.		
ctj	6		number of volunteers (estimate if necess					6		22.		
۷			unrelated business revenue from Part VI					7a	-938	,005.		
	b	Net u	nrelated business taxable income from I	Form 990-T, line 39				7b				
						F	Prior Year		Current `	Year		
Ð	8	Contr	ibutions and grants (Part VIII, line 1h)			11	1,440,48	5.	20,215	,129.		
Revenue	9	Progra	am service revenue (Part VIII, line 2g) _			1	1,454,68	7.	578	8,642.		
eve	10		ment income (Part VIII, column (A), line			-14	4,979,58	2.	57,409	,878.		
£	11		revenue (Part VIII, column (A), lines 5,				-60,03	4.	-140	,190.		
	12		revenue - add lines 8 through 11 (must			-2	2,144,44	4.	78,063	,459.		
	13		s and similar amounts paid (Part IX, colu			24	4,673,36	3.	29,610	,531.		
	14		its paid to or for members (Part IX, colu					0.		0.		
s	15		es, other compensation, employee bene			2	2,657,98	8.	2,948	,083.		
Expenses	16a		ssional fundraising fees (Part IX, column		F			0.		0.		
bei	b		fundraising expenses (Part IX, column (I									
ŵ	17		expenses (Part IX, column (A), lines 11			4	4,475,83	6.	3,268,231.			
			expenses. Add lines 13-17 (must equal				1,807,18					
	19		nue less expenses. Subtract line 18 from		-		3,951,63		42,236			
es	10	110701					g of Current Y		End of Ye			
ets	20	Total	assets (Part X, line 16)		ŀ	-	7,923,31		47,971			
Ass Bal	21		liabilities (Part X, line 26)		•••••		5,446,47		13,708	·		
let /	20 21 22		ssets or fund balances. Subtract line 21		•••••		2,476,84		34,263			
	art II		gnature Block						01/200	,		
-			of perjury, I declare that I have examined thi	s return including accompanying sched	lules and statem	ents and	to the hest of	my know	ledge and b	nelief it is		
			complete. Declaration of preparer (other than					,	lougo ana .			
							11/1	5/2020)			
Sig	n		Signature of officer				Date	0,2020	·			
He	re		JENNIFER K. BARTENBACH	EXECUT	IVE VP AN	JD CFC	ſ					
		- 🕒	ype or print name and title		101 01 70		, ,					
			Type preparer's name	Preparer's signature	Date			if PTIN				
Paie	d		OLE B FISHBACK		11/15/	2020	Check	"	012794	75		
Pre	parer				11/15/					10		
Use	Only		sname ►BKD, LLP		16004		rm's EIN ► 4					
NA -	11		address ▶201 N. ILLINOIS S						3.4000			
			iscuss this return with the preparer)							
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.					Form 99	U (2019)		
ISA												

For	m 990 (2019)	Page 2
Pa	art 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	
-		es X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	es 🛛 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 expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocation 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.	
<u>.</u> .		
4d	Other program services (Describe on Schedule O.) ATTACHMENT 1	
4-	(Expenses \$ including grants of \$) (Revenue \$ 578,642.) Total program service expenses ▶ 32,825,086.	
JSA	En E	rm 990 (2019)
	020 2.000 SE4554 D310 11/12/2020 1:17:11 PM	PAGE 3

Part N Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 497(a)(1) (other than a private foundation)? // ''so''' 1 1 2 Is the organization required to complete Schedule B, Schedule C Combutors (see instructions)? 2 X 3 Dot the organization required to complete Schedule C, Part I. 3 X 4 Section 501(c)(3) organization and complete Schedule C, Part I. 3 X 5 Is the organization a section 501(c)(4) organization and complete Schedule C, Part I. 4 X 5 Is the organization anaitan any donar dviese fundes fands or any similar trubs or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors the were right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors for amounts in table in Part X. Since 21. for escrew or custodial account liability, serve as a custodial neares, or historis tructures // ''Yes.' complete Schedule D, Part /. 6 X 9 Dd the organization report an amount for land. buildings, and equipment in Part X. line 12 Hist 5 or more of its total assets reported in a X. line 147 ''Yes.' complete Schedule D, Part V. 10 X <td< th=""><th>Form 9</th><th>990 (2019)</th><th></th><th>F</th><th>Page 3</th></td<>	Form 9	990 (2019)		F	Page 3
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? // 'Yes,'' I	Part	IV Checklist of Required Schedules			
complete Schedule A. 1 1 1 1 1 1 1 2 X 1 10 the organization engage in direct or indirect political campaign activities on behalf of or in opposition candidates for public direct 1 ¹¹ "Mss" complete Schedule C. Part 1. 3 X 4 Section 501(c)(3) organizations. Bid the organization engage in lobying activities, or have a section 501(c) 4 X 5 Is the organization assection 501(c)(4). 501(c)(5). or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-1971 "Yss." complete Schedule D, Part 1. 5 X 7 Did the organization maintain any doorn advised funds on any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on works of art. historical treasures, or other similar assets? If "Yss." complete Schedule D, Part 1. 6 X 7 Did the organization, directions of works of art. historical treasures, or other similar assets? If "Yss." complete Schedule D, Part 1. 7 X 8 Did the organization, directions of works of art. historical treasures, or other similar assets? If "Yss." complete Schedule D, Part 1. 7 X 9 X 10 11 11 </th <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
2 Is the organization required to complete Schedule A Schedule of Contributors (see instructions)? 1	1			37	
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for polizio office? If Yes, 'complete Schedule C, Part I. 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year' II 'Yes, 'complete Schedule C, Part I. 4 X 5 Is the organization anisotion 501(c)(4). 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If 'Yes, 'complete Schedule C, Part I. 6 Did the organization maintain any donor adviced funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part I. 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part I. 9 Did the organization fepot an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not lised in Part X, or provide rectil counseling, debt management, credit repair, or debt neganization report an amount for lang anization, hidd assets in donor-testricted endowments' II 'Yes,' complete Schedule D, Part IV. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 II 'Yes,' complete Schedule D, Part V. 11 Did the organization report an amount for lange Schedule D, Part V. 11 Did the organization report an amount for lange Schedule D, Part V. 11 Did the organization report an amount for lanesets in Part X, line 12 that is 5% or more of its total asse	•				
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have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? // Yves," complete Schedule D, Part // 7 X 8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? // Yves," complete Schedule D, Part // 7 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial endowments? // Yves," complete Schedule D, Part V 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // Yves," complete Schedule D, Part V 11a X 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 13 that is 5% or more of lis total assets reported in Part X, line 167 // Yves," complete Schedule D, Part X 11a X 11 Did the organization report an amount for lineressets in Part X, line 13 that is 5% or mor			5		Х
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the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II. 7 × 8 Did the organization maintain collections of works of an, historical treasures, or other similar assets? If 'Yes,'' 8 × 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 17, the secret or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 17, the secret or in quasi endowments? If 'Yes,' complete Schedule D, Part V. 9 × 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V. 10 × 11 If the organization report an amount for linvestments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VI. 111 × 11 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part XI. 111 × 11 X 111 × 111 × 12 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part XI. 1111 ×			6	Х	
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fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20a X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any do			140		
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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i> 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 20a X 20b 20b 20b 20b 	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X		Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 b 20 b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X X	19				37
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					X
			ZUD		
	21		21	x	

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			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? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete Schedule J.	23	Х	
24 a	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
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? If "Yes," complete Schedule L, Part II.	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
U	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	51		
32		32		Х
33	<i>complete Schedule N, Part II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34	or IV, and Part V, line 1.	34	х	
25 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
		33a		
U U	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	550		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	51		
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Part		50		L
r art	Check if Schedule O contains a response or note to any line in this Part V			X
		•••	Yes	No
1 ~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 03	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	10		
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Form	990 (2019)		Р	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			37
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5 -		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
ь	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	00		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
U	required to file Form 8282?	7c		Х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	-		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	Isa		
ь	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
и 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes." complete Form 4720. Schedule O.			

Form 9	990 (2019)		F	Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22	4		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 22	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		37	
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
_	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	–		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
h	one or more members of the governing body?	14		
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body?	7b		х
8	stockholders, or persons other than the governing body?			
0	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		37	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		v	
	describe in Schedule O how this was done	12c	X X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		-
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	х	
a	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	100		
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
N N	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright^{IN,}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1	(Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	of inter	rest p	oolicy,
	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 record JENNIFER K. BARTENBACH 615 N. ALABAMA ST, STE 300 INDIANAPOLIS, IN 46204 317-634-2423	ls 🕨		
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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.

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average							Reportable	Reportable	Estimated amount
	hours per week	officer and a director/tr						compensation from the	compensation from related	of other compensation
	(list any		_				, 	organization	organizations	from the
	hours for	Individual trustee or director	Institutional	Officer	Key e	mple	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	dividual directo	utior	e,	employee	est c	er			related organizations
	organizations below	r trus	nal ti		oyee	omp				
	dotted line)	stee	trustee			ens				
			ă			Highest compensated employee				
(1) BRIAN E. PAYNE	19.00									
PRESIDENT AND CEO	23.00			Х				204,542.	230,654.	53,973.
(2) JENNIFER K. BARTENBACH	23.00									
CHIEF FINANCIAL OFFICER	19.00			Х				129,409.	97,624.	18,334.
(3) ROBERT A. MACPHERSON	25.00									
VP OF DEVELOPMENT	15.00			Х				107,449.	65,856.	70,610.
(4) JENNIFER POPE BAKER	40.00									
EXEC. DIRECTOR OF WOMEN'S FUND	0.					X		138,247.	0.	37,536.
(5) TAMARA WINFREY-HARRIS	24.00									
VP OF COMMUNITY LEADERSHIP	20.00			Х				78,367.	52,244.	28,249.
(6) BRENDA K. DELANEY	24.00									
CONTROLLER	16.00					X		65,979.	45,849.	41,573.
(7) JENNIFER SCHRIER	24.00									24.222
DIRECTOR OF FINANCE	16.00					X		65,845.	45,756.	34,392.
(8) PAMELA ROSS	16.00								F1 000	10 100
VP OF OPP'TY, EQUITY, & INCL.	24.00					X		47,522.	71,283.	18,106.
(9) CYNTHIA SIMON SKJODT	1.00	37		37				0	0	0
DIRECTOR	2.00	X		Х				0.	0.	0.
(10) GREGORY F. HAHN	1.00	37		37				0	0	0
CHAIR	2.00	Х		Х				0.	0.	0.
(11) KATHERINE L. DAVIS	1.00	v		v				0	0	0
TREASURER	1.00	X		Х				0.	0.	0.
(12) AASIF BADE VICE-CHAIR	0.	х		х				0.	0.	0.
(13) MICHAEL J. SIMMONS	1.00	Λ		Λ				0.	0.	
SECRETARY	0.	х		х				0.	0.	0.
(14) DUANE INGRAM	1.00	~		^				0.	0.	
DIRECTOR	0.	Х						0.	0.	0.
	0.	Δ						0.	0.	0.

Form **990** (2019)

JSA

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	oyee	es,	and I	lig	hest Compensat	ed Employees (a	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	heck ss pe	rson	e than c is both or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
15) J.A. LACY	1.00					ed				
DIRECTOR	0.	x						0	0.	0
16) JAY MERRELL	1.00							0.	. 0.	0
DIRECTOR	0.	x						0	0.	0
17) ANN O'HARA	1.00							0.	. 0.	0
DIRECTOR	1.00	v						0	0.	0
18) MYRTA J. PULLIAM	1.00	X						0.	. 0.	0
DIRECTOR	1.00	37							0	0
		Х						0	0.	0
19) MARISOL SANCHEZ DIRECTOR	1.00								0	0
	0.	X						0.	0.	0
20) MILTON O. THOMPSON	1.00								0	0
DIRECTOR	2.00	X						0	0.	0
21) LEE WHITE	1.00									
DIRECTOR	0.	X						0	0.	0
22) DARRIANNE CHRISTIAN	1.00									
DIRECTOR	0.	X						0.	. 0.	C
23) DAVID BECKER	1.00									
DIRECTOR	0.	Х						0.	. 0.	0
24) JOHN HOOVER	1.00									
DIRECTOR	2.00	X						0.	0.	0
25) BRENDA HORN	1.00									
DIRECTOR	0.	Х						0.	0.	0
1b Sub-total							►	837,360.	609,266.	302,773.
c Total from continuation sheets to Part VII, S	-						►	0.	0.	0.
d Total (add lines 1b and 1c)					• •			837,360.	609,266.	302,773.
2 Total number of individuals (including but not reportable compensation from the organizatio		hose 4		d al	bove	e) who	o re	eceived more than	\$100,000 of	

			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		Х
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? If "Yes," complete Schedule J for such			
	individual	4	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? If "Yes," complete Schedule J for such person	5		Х
6	action P. Independent Contractors			

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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 more than \$100,000 in compensation from the organization ► 8	e listed above) who received	

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and H	lig	hest Compensat	ed Employe	es (c	ontinue	əd)	
(A) Name and title	(B) Average hours per week (list any hours for	box, office	(C) Position do not check more than one ox, unless person is both ar fficer and a director/trustee					(D) Reportable compensation from the	(E) Reportable compensation fro related organizations		am	(F) stimated nount o other pensati	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M		orga and	om the anizatio d related anization	on d
26) UNA OSILI DIRECTOR	1.00	x						0.		0.			
27) CHARLES SUTPHIN	1.00												
DIRECTOR 28) MOLLY WILKINSON CHAVERS	0.	X						0		0.			
DIRECTOR 29) LISA ALLEN DIRECTOR	1.00 1.00 0.	X X						0	•	0.			
30) MARIANNE GLICK DIRECTOR	1.00	x						0		0.			(
		-							•	0.			
		-											
		-											
		-											
		-											
		-											
1b Sub-total c Total from continuation sheets to Part VII, S	_		•••	•••	 			0.		0.			0
 d Total (add lines 1b and 1c)	limited to t			d at		e) who	re	ceived more than	\$100,000 of				
			<u> </u>		-			lavaa ay biabaa				Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3		X
4 For any individual listed on line 1a, is the organization and related organizations granizations granizatio	eater than	\$15	0,0	00?	lf	"Yes	,"	complete Schedu	le J for su	ch	4	X	
 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y 	accrue co	mpen	sati	on f	ron	n any	un	related organization	on or individu	lal	5		X
Section B. Independent Contractors													
 Complete this table for your five highest com compensation from the organization. Report of year. 													
(A) Name and business add	dress							(B) Description of se	rvices	С	(C) compens		
							1						

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 ► JSA 9E1055 1.000

	't VII	Check if Schedule O contains a response or note to an	y line in this Part \			<u></u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a				
our	b	Membership dues				
S, A	с	Fundraising events 1c 433,450.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d				
	е	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants,				
the		and similar amounts not included above 1f 19,781,679.				
j č	g	Noncash contributions included in lines 1a-1f. 1g \$ 1,463,238.				
ano	h	Total. Add lines 1a-1f	20,215,129.			
		Business Code	20,210,129.			
9	2a	OPERATING SUPPORT INCOME 900099	578,642.	578,642.		
eri	b					
S nu	c					
eve	d					
Program Service Revenue	е					
5	f	All other program service revenue				
	g	Total. Add lines 2a-2f	578,642.			
	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				
	b	Less: rental expenses 6b				
	c	Rental income or (loss) 6c				
	d	Net rental income or (loss)	0.			
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
		other than inventory 7a 101,495,531.				
ue	b	Less: cost or other basis				
evenue		and sales expenses 7b 47,323,380.				
		Gain or (loss) 7c 54,172,151.	54 180 151			54 180 151
Other R	d	Net gain or (loss)	54,172,151.			54,172,151
đ	8a	Gross income from fundraising				
		of contributions reported on line 1c). See Part IV, line 18 8a 31,350.				
	b	Less: direct expenses				
	c	Net income or (loss) from fundraising events	-140,190.			-140,190
	9a	Gross income from gaming activities. See Part IV, line 19 9a 0.				
	b	Less: direct expenses				
		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				
	с	Net income or (loss) from sales of inventory	0.			
ns		Business Code				
Miscellaneous Revenue	11a					
llan 'en	b					
Sce	c					
Mi		All other revenue				
		Total. Add lines 11a-11d Total revenue. See instructions	0.	578,642.	-938,005.	58,207,693

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 respo	onse or note to any line	e in this Part IX		
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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					
-	section 401(k) and 403(b) employer contributions)	296,056.	148,028.	88,817.	59,211.
9		277,686.	138,843.	83,306.	55,537.
10	Payroll taxes	165,229.	82,614.	49,569.	33,046.
	Fees for services (nonemployees):				
	Management	0.			
	b Legal	112,459.	56,229.	33,738.	22,492.
	Accounting	66,273.	33,136.	19,882.	13,255.
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
	f Investment management fees	851,254.	532,034.	319,220.	
	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.
	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					
	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.
k	EMPLOYEE RELATIONS	136,963.	68,481.	41,089.	27,393.
c	DUES & MEMBERSHIPS	39,070.	19,535.	11,721.	7,814.
c	MISCELLANEOUS	5,937.	2,962.	1,785.	1,190.
e	All other expenses				
	Total functional expenses. Add lines 1 through 24e	35,826,845.	32,825,086.	1,928,745.	1,073,014.
	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 ▶ if following SOP 98-2 (ASC 958-720)	0.			

	,	2019)		Page 11
Pa	rt X			
		Check if Schedule O contains a response or note to any line in this Pa	Art X (A) Beginning of year	(B) End of year
	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,	· ·	
	Ŭ	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		
	Ū	under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.	0.6	0.
s	7	Notes and loans receivable, net	0. 7	0
Assets	8	Inventories for sale or use	0.8	0
As	9	Prepaid expenses and deferred charges	0.9	0
	-	Land, buildings, and equipment: cost or other		
	IVa	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.
	12		-	0
	13 14	Investments - program-related. See Part IV, line 11	10	0
				5,989,582
	15	Other assets. See Part IV, line 11		447,971,651
-	16	Total assets. Add lines 1 through 15 (must equal line 33)		2,739,173
	17	Accounts payable and accrued expenses		8,784,384
	18	Grants payable		0,704,304
	19	Deferred revenue.	13	0
	20	Tax-exempt bond liabilities	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.21	0
lies	22	Loans and other payables to any current or former officer, director,		
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	0. 22	0
LIa	~ ~	controlled entity or family member of any of these persons		0
	23	Secured mortgages and notes payable to unrelated third parties	25	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	2,068,202. 25	2,184,465.
		of Schedule D		13,708,022.
	26	Total liabilities. Add lines 17 through 25	15,446,475. 26	13,700,022.
nces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.		
ala	27	Net assets without donor restrictions	374,916,830. 27	415,317,430.
מ	28	Net assets with donor restrictions.	17,560,013. 28	18,946,199.
or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.		
ō	29	Capital stock or trust principal, or current funds	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	30	
Ω.	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.

Form 990 (2019)

Form 99	00 (2019)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			63,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2			26,8	
3	Revenue less expenses. Subtract line 2 from line 1	3			36,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39	2,4	76,8	43.
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		-4	49,8	328.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	43	4,2	63,6	29.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		· ·	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	а			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	int?	· ·	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	he			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo t	he			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		
				Form	990	(2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 20 **1g**

		nt of the Treasury evenue Service	1	Go to www.irs.go	//Form990 for instruction		he latest i	nformation.	Open to Public Inspection
Name of the organization Employer identification number					ication number				
CEI	ITR	AL INDIANA	COMMUNITY	Y FOUNDATION	INC			35-17936	80
Pa	rt I	Reason for	r Public Cha	rity Status (All c	organizations must c	omplet	e this pa	art.) See instructions	5.
The	orga	anization is not	a private fou	ndation because it	is: (For lines 1 throug	gh 12, ch	eck only	one box.)	
1					tion of churches descr				
2					. (Attach Schedule E	-			
3		-	-		rganization described i				
4			-	-	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's nam	•						
5		-	-	for the benefit of Complete Part II.)	a college or universit	y owneo	d or ope	erated by a governme	ental unit described in
6					rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	Х		-	-			-		om the general public
		-		(1)(A)(vi). (Compl			-		- ·
8		A community	trust describe	d in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9	\square	An agricultura	I research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university o	r a non-land-	grant college of ag	priculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or
		university:							
10		receipts from support from	activities rela gross investm	ted to its exempt f ient income and u	ore than 331/3 % of its unctions - subject to o nrelated business tax 975. See section 509	certain e able inco	exception	is, and (2) no more tha s section 511 tax) from	n 331/3% of its
11		•	-		usively to test for publi				
12		-	-			-			carry out the purposes
				· · _					See section 509(a)(3).
	_	Check the box	in lines 12a t	hrough 12d that d	escribes the type of su	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а		••			, supervised, or contro	-		• • • • •	
			-		regularly appoint or e		ajority of	the directors or truste	es of the
	_		-		e Part IV, Sections A				
b				-	ed or controlled in co				
			-		rganization vested in	the sam	e persor	is that control or mar	age the supported
				-	, Sections A and C.				
С					ng organization opera				lly integrated with,
			-		s). You must comple				
d			-		porting organization o	-			
				• •	nization generally mus	•		•	a an attentiveness
			`	,	omplete Part IV, Sect		,		U. T. m.e. III
е			•		a written determinatio				п, туре п
f	En				ionally integrated sup			.1011.	
'n				•	orted organization(s).				•••••
		ame of supported of	•	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	(.)		sigunzation	(1) 2.11	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
					above (see instructions))	docur Yes	ment? No	instructions)	instructions)
						100			
(A)									
(B)									
<u> </u>									
(C)									
(D)									
(E)									
Tota	l								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 9E1210 1.000 SE4554 D310 11/12/2020 1:17:11 PM

Schedule A (Form 990 or 990-EZ) 2019

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.)

Sec	tion A. Public Support						
Cale	ndar 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 5	Total. Add lines 1 through 3 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	18,591,242.	20,482,758.	17,005,182.	11,440,485.	20,215,129.	87,734,796.
•	shown on line 11, column (f)						11,552,587.
6	Public support. Subtract line 5 from line 4						76,182,209.
	tion B. Total Support	() 0045	(1) 0040	() 0047	(1) 00 (0)	() 0040	(D. T. I.)
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,591,242.	20,482,758. 3,484,479.	17,005,182. 3,888,668.	11,440,485. 3,647,909.	20,215,129.	87,734,796.
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.) <u>ATCH 1</u>	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. (s	ee instructions) .				12	3,760,732.
13	First five years. If the Form 990 is for organization, check this box and stop here			d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2019 (lin	• • •	· •			14	72.04%
15	Public support percentage from 2018					15	70.84 %
	33 1/3% support test - 2019. If the org box and stop here. The organization qu	ualifies as a pub	licly supported	organization.			▶ X
	331/3% support test - 2018. If the org this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		▶∟
17a	a 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.						
b 18	organization 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see						
	instructions		<u></u>			<u></u>	▶∟

Schedule A (Form 990 or 990-EZ) 2019

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.)

Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 9 Amounts from line 6,	Sec	tion A. Public Support						
received (non-tinuctual grants) 2 Gross receives from addissions: non-markanise sold or services parformad, or facilities furnished is any solidly that is readed to the organization's benefit and either part to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either part to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 5 The value of services or facilities furnished by a governmental unit to the organization without charge 5 The value of services or facilities for models and the part of \$ 5 Total Add lines 1 through 5 6 Total Add lines 2 and 3 received from other than disquiffed parsons 9 Amounts included on line 5 and 7b 7 A Amounts included to line for the organization without charge 9 Amounts included on lines 2 and 3 received from other than disquiffed parsons 9 Amounts included on lines 2 and 3 received from the result. If to the year 9 Add lines 7 and 7b 9 Amounts included on lines 2 and 3 received from there adjusted for parsons 9 Amounts included on lines 2 and 3 received from the result of the year 9 Amounts included on line 5 and 7b 9 Amounts included on line 5 and 7b 9 Amounts included on lines 2 and 3 received from there adjusted for parson 9 Unclass income from interest, dividends, regeneration and the parson on line 3 received from similar 9 Amounts from line 6, 9 Amounts included in line 10 the year 9 Amounts from lines 6, 9 Amounts included on line 10 the year 9 Amounts from lines 6, 9 Amounts included in line 10 the year 9 Amounts from lines 6, 9 Amounts included in line 10 the year 9 Amounts from lines 6, 9 Amounts included in line 10 the year 9 Amounts from amized business 9 acquired affer June 30, 1075 9 Amounts included in line 10 the year 9 Amounts fine adjusted parson 9 Amounts fine adjusted parson 9 Amounts fine adju	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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section 51 model in each of the Section 50 model in the Section 51 mod		received. (Do not include any "unusual grants.")						
function of any actively that is related to the organization's benefit and either paid to create sevel from active that are not an unrelated trade or business under section 33. Image: Comparization's benefit and either paid to create sevel of the comparization's benefit and either paid to create sevel of the the comparization's benefit and either paid to create sevel of the comparization's benefit and either paid to create sevel of the comparization's benefit and either paid to create sevel of the comparization's benefit and either paid to create sevel of the comparization's benefit and either paid to create sevel of the comparization's benefit and either paid to create sevel of the comparization's benefit and either paid to create sevel of the comparization's benefit and either paid to create sevel of the comparization's benefit and either paid to create sevel the create sevel and the comparison of the comparison without charge 2 and 3 tree cleaked from disqualified persons and the comparison of the comparison o	2	Gross receipts from admissions, merchandise						
a Gross receipts furpose		sold or services performed, or facilities						
3 Gross receipts from addwise that are not an unrelated trade or business under section 513. Image: Control of the contrel of the control of the control of the control of the control o		furnished in any activity that is related to the						
unrelated trade or business under section 513. Image: constraint of the comparison of the comparization of the comparison of the comparison of th		organization's tax-exempt purpose						
4 Tax revenues levied for the or expended on its behall	3	Gross receipts from activities that are not an						
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or expended on its behalf	4							
5 The value of services or facilities furnished by a governmental unit to the organization without charge		organization's benefit and either paid to						
furnished by a governmental unit to the organization without charge		· · ·						
organization without charge.	5	The value of services or facilities						
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7a Amounts included on lines 1, 2, and 3 received from disqualified persons								
received from disqualified persons	6	Total. Add lines 1 through 5						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5.00 or 1% of the amount on line 13 for the year c Add lines 7 and 7b	7 a							
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 7 a and 7b		· · ·						
persons that exceed the greater of \$5.000 i<	b							
c Add lines 7a and 7b								
8 Public support. (Subtract line 7c from line 6.) Image: Support line 6. Image: Support line 6. Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 9 Amounts from line 6. Image: Support line 6.		, ,						
line 6.) Image: section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 9 Amounts from line 6. Image: sective do securities loans, payments received on securities loans, rents, royalties, and income from similar sources. Image: securities loans, restrict do securities loans, rents, royalties, and income from similar sources. Image: securities loans, rents, royalties, and income from similar sources. b Unrelated business taable income (less section 511 taxes) from businesses acquired after June 30, 1975 Image: section 610 taxes in the section on the dude gain or loss from the sele of capital assets (Explain in Part VI.) Image: section on the section on the section on the section on the section of Public Support Percentage 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 50 organization, check this box and stop here. 15 Public support percentage for 2019 (line 0, column (f), divided by line 13, column (f)) Image: section D. Computation of Investment Income Percentage 16 Neutrent income percentage from 2018 Schedule A, Part III, line 15 Image: section 14, and line 15 is more than 331/3 %, and 17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization in a 131/3 %, check this box and stop here. The organization qualifies								
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9 Amounts from line 6,			(2) 2015	(b) 2016	(c) 2017	(d) 2018	(a) 2019	(f) Total
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payments received on securities loans, rents, royalties, and income from similar sources. image: sources. <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>								
sources		payments received on securities loans,						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
section 511 taxes) from businesses acquired after June 30, 1975 acquired after June 30, 1975 c Add lines 10a and 10b	h							
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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.)		,						
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	20	Private foundation. If the organization d	id not check a	box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions 🕨 📃
		1 1.000				S	Schedule A (Form 9	90 or 990-EZ) 2019

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
- **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)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in Part VI.*
- 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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? *If "Yes," provide detail in Part VI.*
- **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? *If "Yes," provide detail in Part VI.*
- **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? *If "Yes," provide detail in Part VI.*
- **10 a** 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)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2019

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

JSA

Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 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? 11a **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to 1 regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization. describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 а The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. С The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes No 2 Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a h Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. 3 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

JSA

Schedule A (Form 990 or 990-EZ) 2019

Supporting Organizations (continued)

Part IV

s regard. 3b Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatior	าร	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	•		
instructions. All other Type III non-functionally integrated supporting organi	zations	must complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
		· · · - ··· ··	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Page **6**

Schedu Part	Ie A (Form 990 or 990-EZ) 2019 V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	Page 7
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	remnt nurnoses		Guirent real
2	Amounts paid to perform activity that directly furthers exer		ed	
-	organizations, in excess of income from activity		cu	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
	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 resp	onsive	
Ŭ	(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			
а	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: \$			
а	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			A (Form 990 or 990-FZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Page 8

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.)

SCHEDULE A, PART II -	OTHER INCOM	2			ATTACHMENT 1	L
		-				
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
SPECIAL EVENT INCOME	36,650.	43,650.	44,560.	33,250.	31,350.	189,460.
TOTALS	36,650.	43,650.	44,560.	33,250.	31,350.	189,460.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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	X 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).

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

JSA

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$486,370.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$516,426.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ \$ 3,522,460.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$1,738,138.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$1,050,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(a)	/L\	(-)	/-/
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$521,871.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$864,004.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$530,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

				35-1793680
Part III	Exclusively religious, charitable, etc.			
	(10) that total more than \$1,000 for			
	the following line entry. For organizati			
	contributions of \$1,000 or less for the Use duplicate copies of Part III if additi			ee instructions.) ► \$
(a) No. from		•		
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
			Polotio	nakin of transformer to transforme
	Transferee's name, address, an	lu ZIF + 4	Relatio	nship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held
Part I	(b) Fulfose of gift	(0) 036	orgin	
		(e) Transf	er of aift	
		(0)	o. o. g	
	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Faili				
		(e) Transf	er of gift	
	Transferee's name, address, an	id ZIP + 4	Relatio	nship of transferor to transferee
(a) No.		(2) 22	of wift	(d) Deconintion of how sift is hold
from Part I	(b) Purpose of gift	(c) Use	orgin	(d) Description of how gift is held
		(a) Transf	or of aift	
		(e) Transf	er or gint	
	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·

Internal	nent of the Treasury Revenue Service	-	■ Go to www.irs.gov/Form990 for	instructions and the		Open to Public Inspection
	-		on Form 990, Part IV, line 3, or Form Complete Parts I-A and B. Do not comp		46 (Political Campaign Activities)), then
• Se	ection 501(c) (othe	r than secti	on 501(c)(3)) organizations: Complete I	Parts I-A and C below.	Do not complete Part I-B.	
• Se	ection 527 organiza	ations: Com	plete Part I-A only.			
	•		on Form 990, Part IV, line 4, or Form			
• Se	ection 501(c)(3) or	ganizations	that have filed Form 5768 (election un	der section 501(h)): C	omplete Part II-A. Do not complet	te Part II-B.
		•	that have NOT filed Form 5768 (election	•	·· ·	•
Tax) (se	ee separate instru	ctions), ther	on Form 990, Part IV, line 5 (Proxy n anizations: Complete Part III.	Tax) (see separate i	instructions) or Form 990-EZ,	Part V, line 35c (Proxy
	of organization	5), 01 (0) 01g			Employer identifi	cation number
	÷	COMMINI	ITY FOUNDATION INC		35-179368	
Part			organization is exempt under	soction 501(c) or		
	-					
	rovide a descrip lefinition of "politi		organization's direct and indirect p	political campaign a	ictivities in Part IV. (see instru	uctions for
			xpenditures (see instructions)		₽ €	
			campaign activities (see instruction			
Part		to if the c	organization is exempt under s	$\frac{10}{10}$	<u></u>	
			cise tax incurred by the organizatio			
1 E		of any exc	cise tax incurred by the organization	n under section 49:	bo 1055 ► \$	
			cise tax incurred by organization m			
			a section 4955 tax, did it file Form			
						Yes No
	f "Yes," describe i		organization is exempt under	sostion 501(c)	x_{0}	
	Inter the amount	directly e	xpended by the filing organization	for section 527 e	xempt function	
2 E 5	Enter the amount 27 exempt funct	of the filin tion activiti	ng organization's funds contributed es	to other organizati	ions for section ▶\$	
3 T	otal exempt fun	iction expe	enditures. Add lines 1 and 2. Ent	er here and on Fo	orm 1120-POL,	
			a Form 4420 DOL for this year?			
5 E 0 tł	Enter the names, organization mad he amount of po	addresses e payment litical cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en tributions received that were prom nd or a political action committee (l	er (EIN) of all section ter the amount pain aptly and directly de	ion 527 political organizatio id from the filing organization elivered to a separate polition	ns to which the filing on's funds. Also enter cal organization, such
	(a) Name		(b) Address	(c) EIN	filing organization's con funds. If none, enter -0	e) Amount of political htributions received and promptly and directly lelivered to a separate olitical organization. If none, enter -0
(1)				-		
(2)				-		
(3)				-		
(4)				-		
(5)						
(6)						
For Pa	perwork Reduction	n Act Notice	e, see the Instructions for Form 990 o	r 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2019

Political Campaign and Lobbying Activities



OMB No. 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

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

Part II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
	elongs to an affiliated group (and list in Part IV ea and share of excess lobbying expenditures).	ach affiliated group mem	ber's name,
B Check ► if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
 b Total lobbying expenditures to influence c Total lobbying expenditures (add lines 1 d Other exempt purpose expenditures . e Total exempt purpose expenditures (add lines 1 	e public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) ne amount from the following table in both		
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 2	5% of line 1f)		
	ess, enter -0		
i Subtract line 1f from line 1c. If zero or le	ess, enter -0		
-	on either line 1h or line 1i, did the organiza		Yes N

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						

Schedule C (Form 990 or 990-EZ) 2019

	o guinzation io
(election under	section 501(h)).

Part II-B

Schedule C (Form 990 or 990-EZ) 2019

	and "Near" rearrance on lines to through the below provide in Part IV a datailed	(2	a)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	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:			
а	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X	
С	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?		Х	
е	Publications, or published or broadcast statements?		Х	
f	Grants to other organizations for lobbying purposes?	57		14,100
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i	Other activities?		Х	
i	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)?		Х	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	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?			
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection
	501(c)(6).	,		

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

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

 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).		
а	Current year	2a	
	Carryover from last year.		
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.		
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.

SCHEE	DULE	D
(Form	990)	

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

20 19 **Open to Public**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service			► Go to www.irs.gov/	•	Inspection		
Name	of the organ	nization			En	ployer identifica	tion number
CEN	TRAL IN	NDIANA	COMMUNITY FOUNDATION I	NC		35-179368	30
Par	tl O	rganiza	tions Maintaining Donor Advi	sed Funds or Other Similar Funds	s or Acc	ounts.	
	С	complete	if the organization answered	"Yes" on Form 990, Part IV, line 6.			
				(a) Donor advised funds		(b) Funds and	other accounts
1	Total nun	nber at ei	nd of year	212.			
			f contributions to (during year)	9,242,133.			
			f grants from (during year)	21,875,084.			
			t end of year	298,796,442.			
			-	advisors in writing that the assets h	eld in do	nor advised	
		-		organization's exclusive legal control?			X Yes No
		-		nd donor advisors in writing that grad			
		-	-	it of the donor or donor advisor, or fo			
	conferrin	g imperm	issible private benefit?				X Yes No
			tion Easements.				
	C	omplete	if the organization answered	"Yes" on Form 990, Part IV, line 7.			
1	Purpose((s) of con	servation easements held by the	organization (check all that apply).			
	Pre	eservatio	n of land for public use (for example	, recreation or education) Preservat	ion of a ł	nistorically imp	portant land area
	Pro Pro	otection o	f natural habitat	Preservat	ion of a c	certified histor	ic structure
	Pre	eservatio	n of open space				
2	Complete	e lines 2a	through 2d if the organization he	eld a qualified conservation contributio	n in the f	orm of a cons	servation
	easemen	nt on the l	ast day of the tax year.			Held at the	End of the Tax Year
а	Total nun	nber of co	onservation easements		<u>2a</u>		
b	Total acr	eage rest	ricted by conservation easements		_ 2b		
С	Number	of conser	vation easements on a certified l	nistoric structure included in (a)	_ 2c		
d	Number	of conser	vation easements included in (c) acquired after 7/25/06, and not on a	a		
	historic s	structure li	sted in the National Register		2d		
3	Number	of conser	rvation easements modified, trai	nsferred, released, extinguished, or te	erminated	d by the orga	inization during the
	tax year						
4	Number	of states	where property subject to conse	rvation easement is located ►			
		-		arding the periodic monitoring, insp		-	
				sements it holds?			🗌 Yes 🔛 No
6	Staff and	volunteer	hours devoted to monitoring, inspe	ecting, handling of violations, and enford	cing conse	ervation easem	ents during the year
	▶						
7	Amount of	of expens	es incurred in monitoring, inspect	ing, handling of violations, and enforcir	ng conser	vation easem	ents during the year
	▶\$						
			•	2(d) above satisfy the requirements of s			
							└── Yes └── No
			•	conservation easements in its revenue	•		
				f the footnote to the organization's fin	ancial sta	tements that o	describes the
			ounting for conservation easement				
Par				of Art, Historical Treasures, or O		ular Assets.	
			Ŭ	"Yes" on Form 990, Part IV, line 8.			
1a	If the org	ganization	elected, as permitted under FA	SB ASC 958, not to report in its rev s held for public exhibition, educati	enue sta	tement and b	alance sheet works
	service, p	provide in	Part XIII the text of the footnote	to its financial statements that describe	es these i	items.	
				ASB ASC 958, to report in its revenu			nce sheet works of
	art, histo	rical treas	sures, or other similar assets hel	d for public exhibition, education, or			
			ing amounts relating to these iter				
2	If the or	ganizatio	n received or held works of ar	t, historical treasures, or other simil	ar assets	s for financia	I gain, provide the
				ASB ASC 958 relating to these items:			
For P	aperwork	Reduction	Act Notice, see the Instructions for	Form 990.		Sche	dule D (Form 990) 2019

Schee	ule D (Form 990) 2019										Pa	age 2
Pa	rt III Organizations Maintaining Col	lections of	Art, Histo	rical Tre	asures	s, or	Other	Similar As	ssets (c	ontinue		
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):											
а	Public exhibition		d	Loan	or excha	ange	prograr	n				
b	Scholarly research e Other											
С	Preservation for future generations											
4	Provide a description of the organization	's collections	s and expla	ain how t	they fur	ther f	the org	ganization's	exempt	purpose	e in F	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											
Pa	t IV Escrow and Custodial Arrange			~~~ -			~			. –		
	Complete if the organization ar 990, Part X, line 21.	iswered "Ye	es" on ⊦or	m 990, F	Part IV,	line	9, or re	eported an	amour	it on For	m	
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not											
īα	included on Form 990, Part X?								Г	Yes		No
h									••• -	103		NO
	b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount											
с	Beginning balance					1c			inount			
	Additions during the year					1d						
е												
f	Ending balance					1f						
2a	Did the organization include an amount or	n Form 990,	Part X, line	e 21, for e	escrow	or cus	stodial	account liab	ility?	Yes		No
b	If "Yes," explain the arrangement in Part >	KIII. Check h	ere if the e	xplanation	has be	en pro	ovided	on Part XIII				
Pa	rt V Endowment Funds.											
	Complete if the organization ar	nswered "Ye	es" on For	m 990, F								
		Current year	(b) Pric	-		o years		(d) Three yea		(e) Four y		
1a		768,112.	226,22					194,774		209,0		
b	Contributions	745,743.	1,59	2,541.	7,	286,	921.	10,915	,476.	-1,0	12,()55
С	Net investment earnings, gains,										~ ~ ~	
		381,774.	-11,23				379.	11,415				864
		512,297.	7,65	6,275.	9,	903,	926.	13,867	,766.	11,2	58,8	348.
е	Other expenditures for facilities											
	and programs	084,097.	1 1 6	5,489.	1	047	426.	0.5.0	,203.	1 0	E1 (962
f		299,235.	207,76					202,278		194,7		
g									,078.	194,7	/4,0	
2	Provide the estimated percentage of the of Board designated or quasi-endowment	current year	end balanc %	e (line 1g,	column	n (a)) h	neld as					
a b	Permanent endowment > 100.0000 %	4	/0									
	Term endowment > %	0										
Ŭ	The percentages on lines 2a, 2b, and 2c s	should equal "	100%									
3a	Are there endowment funds not in the pos			ation that	are hel	d and	admir	istered for t	he			
	organization by:									Y	es	No
	(i) Unrelated organizations									3a(i)		Х
	(ii) Related organizations									3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related orga	nizations liste	d as require	ed on Sch	edule R	?				3b		
4	Describe in Part XIII the intended uses of		tion's endo	wment fui	nds.							
Ра	rt VI Land, Buildings, and Equipmer Complete if the organization a	nt. neworod "V	os" on Eoi	rm 000	Dart IV	lino	110 0	Soo Form (000 Po	rt V linc	10	
	Description of property		other basis	(b) Cost				cumulated		Book valu		
		(inves	tment)		ther)			eciation			-	
-	Land											
b	Buildings						<u> </u>	04 570		4 20	<u> </u>	
C	Leasehold improvements				578,34			84,572.		4,393,772. 1,543,743.		
d	Equipment.				597,77 598,40			54,028. 98,756.			3,74	
e Tete	Other		n 000 Dort							<u> </u>		
TOTA	. Aud illes la tillough le. (Column (a) mu	si equal FOII	n 990, Part	∧, coium	וו (ם) וו		··/	<u></u>		0,33	<i>΄</i> ,⊥(50.

Schedule D (Form 990) 2019

Investments - Other Securities.

Part VII

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 (b) Book value (c) Method of valuation: (including name of security) 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) 120,738,173. Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment (b) Book value 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 INCOME BENEFICIARIES PAYABLE 1,959,122. (2) (3) DUE TO OTHER FUNDS 225,343 (4)(5) (6) (7) (8) (9) 2,184,465. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 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

Schedu	le D (Form 990) 2019		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1	Total revenue, gains, and other support per audited financial statements	1	77,648,561.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	77,648,561.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b 414,898		
c	Add lines 4a and 4b	4c	414,898.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		78,063,459.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ref Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	turn.	
1	Total expenses and losses per audited financial statements	1	35,861,775.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
- a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	34,930.
3	Subtract line 2e from line 1	3	35,826,845.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		35,826,845.
Part	XIII Supplemental Information.		
Provid	e 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; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	mation	

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

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	\$	34,93	0
THUR OF DIG	11110	OTHER	шисшиюцо	Ŷ	51/25	0

SCHEDULE F		Statement of Activities Outside the United St	ates 📙	OMB No. 1545-0047			
(Form 990)		► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1	5, or 16.	2019			
Department of the Tre Internal Revenue Ser		Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection			
Name of the organization	ation		Employer identification number				
CENTRAL IND	DIANA	COMMUNITY FOUNDATION INC	35-1793680				
		formation on Activities Outside the United States. Complete if the Part IV, line 14b.	organizatio	on answered "Yes" on			
other assis	stance,	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection criter rassistance?	eria used to				

- 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	(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) For Paperwork Reduction Act Notice, se	e the Instruction	s for Form 990.		Schedul	102,707,672. F (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 9E1274 1.000 SE4554 D310 11/12/2020 1:17:11 PM

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								1
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

Schedule F (Form 990) 2019

►

Schedule F (Form 990) 2019

(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)							
0)							
11)							
2)							
3)							
4)							
5)							
<u>6)</u>							
8)							

Schedule F (Form 990) 2019

Page **3**

Schedule F (Form 990) 2019

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)	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)	X 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)	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)	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)	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	X No

Schedule F (Form 990) 2019

SCHEDULE G (Form 990 or 990-EZ)	Complete if t	Information Re	red "Yes" on	Form 990, P	Part IV, line 17, 18, or 1	-	omb №. 1545-0047
(· · · · · · · · ,		organization entered n Attach		5,000 on For or Form 990			
Department of the Treasury Internal Revenue Service	► G	o to www.irs.gov/Form					Open to Public Inspection
Name of the organization						Employer identificati	
CENTRAL INDIANA	COMMUNITY FOU	NDATION INC				35-1793680	
	g Activities. Comp				Yes" on Form 99	90, Part IV, line 1	7.
Form 990-	EZ filers are not re	quired to comple	te this pa	rt.			
1 Indicate whether	the organization rais	sed funds through	any of the	following	activities. Check a	all that apply.	
a Mail solicita		е			non-government g		
	email solicitations	f			government grant	S	
c Phone solic		g		cial fundra	ising events		
d In-person so							
b If "Yes," list the	tion have a written o es listed in Form 990 10 highest paid indi least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be
(i) Name and addi or entity (fu		(ii) Activity	custody o	draiser have r control of outions?	(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							
A							
-							
5							
-							
6							
7							
8							
9							
10							
Total 3 List all states in	which the organiza	tion is registered c		to solicit	contributions or	has been notified	it is exempt from
registration or lic							

Schedule G (Form 990 or 990-EZ) 2019

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 Part II

		events with gross receipts gre	eater than \$5,000.			
			(a) Event #1 POWER OF PHILAN	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
đ١.			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	464,800.			464,800
ď		Less: Contributions	433,450.			433,450
	3	Gross income (line 1 minus line 2)	31,350.			31,350
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	6,419.			6,419
t Expe	7	Food and beverages	36,001.			36,001
Direct	8	Entertainment	100,000.			100,000
	9	Other direct expenses	29,120.			29,120
	10	Direct expense summary. Add line	es 4 through 9 in colu	mn (d)		171,540.
		Net income summary. Subtract lin				-140,190.
Pa	rt I	Gaming. Complete if the orga \$15,000 on Form 990-EZ, lin	anization answered "` e 6a.	Yes" on Form 990,	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses		Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	Ibtract line 7 from line	1, column (d)	>	
9		Enter the state(s) in which the organization licensed to con-	anization conducts ga	ming activities:		
a k		IC UNITE ULTER ALLER	duct gaming activities			Yes No
l O a k		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, susp		uring the tax year?	YesNo

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I		Grants a	nd Other A	ssistance t	o Organiza	itions,	L	OMB No. 1545-0047
(Form 990)	Go	overnme	nts, and In	dividuals in	n the Unite	d States		2019
	Com	plete if the o	, organization ans	wered "Yes" on F	orm 990. Part IV	. line 21 or 22.		
D () () T			-	tach to Form 990		,		Open to Public
Department of the Treasury Internal Revenue Service		► Go		Form990 for the l		1.		Inspection
Name of the organization							Employer identific	ation number
CENTRAL INDIANA	A COMMUNITY FOUNDAT	ION INC					35-1793	680
	nformation on Grants an		ce					
	zation maintain records to s			arants or assista	nce the grantees	' eligibility for the grant	s or assistance ar	d
	eria used to award the gran						5 01 05515101100, di	X Yes No
	IV the organization's proce							
	nd Other Assistance to I		-					"Yes" on Form 990,
Part IV, li	ne 21, for any recipient t	hat received	d more than \$5,	000. Part II can I	pe duplicated if a	additional space is r	needed.	
	d address of organization 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 ADVENTUR	RES INC.							
2562 WALTON BLVD.	WARSAW, IN 46582	260293304	501(C)(3) PUBLI	52,920.				GENERAL OPERATING SU
(2) 420 MINISTRIES								
	NDIANAPOLIS, IN 46201	815407454	501(C)(3) PUBLI	5,500.				TO BE USED AT THE OF
(3) ABOVE & BEYOND CH	HILDREN'S MUSEUM							
902 N. 8TH ST. SH	IEBOYGAN, WI 53081	391739087	501(C)(3) PUBLI	25,000.				WHALE MURAL MATCH CH
(4) AGAPE THERAPEUTIC	C RIDING RESOURCES, INC.							
24970 MT. PLEASAN	IT RD.	311193132	501(C)(3) PUBLI	23,000.				HORSES HELPING HOOSI
(5) AGE WELL SERVICES	G OF WEST MICHIGAN							
TANGLEWOOD PARK M	IUSKEOGON, MI 49444	382033822	501(C)(3) PUBLI	7,500.				CHARITABLE CONTRIBUT
(6) AGNES AND ABRAM G	GAAR FOUNDATION INC.							
1623 STATE RD. 22	27 N	351814771	501(C)(3) PUBLI	10,000.				EXTERIOR REHABILITAT
(7) AINSLEY'S ANGELS	OF AMERICA							
P.O. BOX 265 RUSS	SIAVILLE, IN 46979	453576353	501(C)(3) PUBLI	5,400.				RACING CHARIOTS
(8) ALBION COLLEGE								
OFFICE OF INSTITU	JTIONAL ADVANCEMENT	381359081	501(C)(3) PUBLI	25,000.				GENERAL OPERATING
(9) ALEX'S LEMONADE S	TAND FOUNDATION							
111 PRESIDENTIAL	BLVD.	562496146	501(C)(3) PUBLI	25,918.				KICK IT CHAMPIONS
(10) ALL SAINTS' EPISC	COPAL CHURCH							
4550 N. HERMITAGE	AVE. CHICAGO, IL 60640	362362361	RELIGIOUS ORGAN	13,000.				MOTE MOGOMBA EDUCATI
(11) ALPHA TAU OMEGA F	OUNDATION							
333 NORTH ALABAMA	A STREET	237154214	501(C)(3) PUBLI	10,439.				2019 DISTRIBUTION
(12) ALS ASSOCIATION 1	NDIANA CHAPTER							
7202 E. 87TH ST.		352029321	501(C)(3) PUBLI	8,226.				TO BE USED AT THE OF
2 Enter total numb	per of section 501(c)(3) and	government	organizations lis	ted in the line 1 tal	ole			•
3 Enter total numb	per of other organizations lis	ted in the line	e 1 table	<u></u>		<u> </u>	<u></u>	
For Donomy only Dody of	on Act Notice and the Instruct	tions for Form	000					a hadula (Farm 000) (2010)

Schedule I (Form 990) (2019)

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JSA

			Assistance t Idividuals in			-	OMB No. 1545-0047
		•					2019
Com	Diete if the o	-	wered "Yes" on F tach to Form 990		, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service	► Go		<i>Form990</i> for the l		, ,		Inspection
Name of the organization	P 00	to www.iis.gov/			•	Employer identification	
CENTRAL INDIANA COMMUNITY FOUNDATI	ON INC					35-17936	
Part I General Information on Grants and		<u>e</u>				33 1,730	
			arante or accieta	nco the grantoor	' oligibility for the grapt	c or assistance, and	
 Does the organization maintain records to su the selection criteria used to award the grant 							X Yes No
2 Describe in Part IV the organization's proceed							
						- ('	<u>/</u>
Part II Grants and Other Assistance to D		-					res" on Form 990,
Part IV, line 21, for any recipient th	hat received	more than \$5,	000. Part II can I	be duplicated if a		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	1						
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.	4						
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	4						
41 SHELDON BLVD. SE GRAND RAPIDS, MI 49503	264571560	501(C)(3) PUBLI					PROJECT 1 COMMUNITY
2 Enter total number of section 501(c)(3) and	-	-					
3 Enter total number of other organizations list	ed in the line	e 1 table				<u></u>	

Schedule I (Form 990) (2019)

JSA

SCHEDULE I (Form 990)			Assistance t Idividuals in	-	•	F	OMB No. 1545-0047
		•					2019
	omplete if the c	-	wered "Yes" on F tach to Form 990		, line 21 or 22.		Open to Public
Department of the Treasury	► Go		<i>Form990</i> for the l		,		Inspection
Internal Revenue Service Name of the organization	► G0	10 www.ii's.gov/	Formaso for the		l.	Employer identific	
CENTRAL INDIANA COMMUNITY FOUNDA	TON THO					35-17936	
		<u>```</u>				33-17930	
					La Balle litte de la Alexandera		
1 Does the organization maintain records to						is or assistance, an	a XYes No
the selection criteria used to award the gr						• • • • • • • • • • •	
2 Describe in Part IV the organization's pro			-				
Part II Grants and Other Assistance to	Domestic O	rganizations an	d Domestic Gov	vernments. Con	plete if the organiz	ation answered '	'Yes" on Form 990,
Part IV, line 21, for any recipien	t that received	d more than \$5,	000. Part II can I	be duplicated if	additional space is i	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 4621	5 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 60607-437	5 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 UNIVERSIT	Υ,						
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 454	32 310836912	501(C)(3) PUBLI	10,000.				DISASTER RELIEF FUNI
(11) BEAUTIFULLY BROKEN FOUNDATION							
8901 RIVER CROSSING INDIANAPOLIS, IN 4624	843413178	501(C)(3) PUBLI	15,100.				TO BE USED AT THE OF
(12) BELLFOUND FARM							
P.O. BOX 1426 GREENWOOD, IN 46143	823384597	501(C)(3) PUBLI					TO BE USED AT THE OF
2 Enter total number of section 501(c)(3) a	-	•					▶
3 Enter total number of other organizations	listed in the line	e 1 table				<u></u>	▶

			ssistance t				OMB No. 1545-0047
(Form 990) GC	overnme	nts, and In	dividuals i	n the United	d States		2019
Com	plete if the o	rganization answ	vered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		► At	tach to Form 990	•			Open to Public
Internal Revenue Service	► Go	to www.irs.gov/	Form990 for the l	atest information	۱.		Inspection
Name of the organization						Employer identifica	tion number
CENTRAL INDIANA COMMUNITY FOUNDAT	ION INC					35-17936	80
Part I General Information on Grants an	d Assistand	e					
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's procession 	ts or assistand dures for mo	ce? nitoring the use c	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D	omestic Or	ganizations an	d Domestic Gov	vernments. Com	plete if the organiz	ation answered "	Yes" on Form 990,
Part IV, line 21, for any recipient t	hat received	I more than \$5,	000. Part II can I	be duplicated if a	additional space is r	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) BEN DAVIS CHRISTIAN CHURCH							
701 S. HIGH SCHOOL RD.	351012481	501(C)(3) PUBLI	60,000.				TO BE USED AT THE OF
(2) BEST BUDDIES INDIANA							
8604 ALLISONVILLE RD.	521614576	501(C)(3) PUBLI	21,760.				TO BE USED AT THE OF
(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 HSF
(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 OF
(10) BOYS & GIRLS CLUBS OF INDIANAPOLIS	_						
3909 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	350888754	501(C)(3) PUBLI	62,000.				KEENAN-STAHL 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 OF
(12) BROWARD HOUSING SOLUTIONS	_						
305 SE 18TH CT. FT. LAUDERDALE, FL 33316	650407370	501(C)(3) PUBLI	50,000.				AFFORDABLE HOUSING
2 Enter total number of section 501(c)(3) and	0	0					•
3 Enter total number of other organizations lis	ted in the line	e 1 table				<u></u>	•

SCHEDULE I (Form 990)			ssistance t dividuals in			-	OMB No. 1545-0047				
	Complete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.						
Department of the Treasury		► At	tach to Form 990				Open to Public				
Internal Revenue Service	► Go	to www.irs.gov/	Form990 for the I	atest informatior	1.		Inspection				
Name of the organization						Employer identificat	ion number				
CENTRAL INDIANA COMMUNITY FOUN	DATION INC					35-179368	30				
Part I General Information on Grant	ts and Assistanc	е									
1 Does the organization maintain records	s to substantiate th	e amount of the	grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and					
the selection criteria used to award the	grants or assistance	æ?					X Yes No				
2 Describe in Part IV the organization's p	procedures for mor	nitoring the use o	of grant funds in the	e United States.							
Part II Grants and Other Assistance	to Domestic Or	ganizations an	d Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990				
Part IV, line 21, for any recipi		-									
		1		-	-						
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) BUFFALOW FAMILY AND FRIENDS COMMUNITY											
513 B ST. CHESAPEAKE, IN 23324	473950371	501(C)(3) PUBLI	6,000.				CHARITABLE CONTRIBUT				
(2) BUTLER UNIVERSITY	(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, COR	P.										
201 N. ILLINOIS ST. INDIANAPOLIS, IN 46	204 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				
2 Enter total number of section 501(c)(3)	•	-									
3 Enter total number of other organizatio	ns listed in the line	1 table				<u></u>					

SCHEDULE I (Form 990)		and Other A		•			OMB No. 1545-0047
(FOIII 990)		nents, and Ir					2019
	Complete if the	e organization ans			, line 21 or 22.		Open to Public
Department of the Treasury			ttach to Form 990				Inspection
Internal Revenue Service	► (Go to www.irs.gov	Form990 for the	atest information).		
Name of the organization						Employer identificat	
CENTRAL INDIANA COMMUNITY						35-17936	30
Part I General Information or							
1 Does the organization maintain			•	-	• • •	s or assistance, and	
the selection criteria used to aw							X Yes No
2 Describe in Part IV the organiza	ition's procedures for n	nonitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assi	stance to Domestic	Organizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	'es" on Form 990,
Part IV, line 21, for any	recipient that receiv	ed more than \$5	,000. Part II can l	be duplicated if a	additional space is r	needed.	
1 (a) Name and address of organize or government	ation (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) CENTRAL INDIANA LAND TRUST INC.							
1500 N. DELAWARE ST. INDIANAPOLI	S, IN 46202 35181649	3 501(C)(3) PUBL:	270,250.				TO BE USED AT THE OR
(2) CENTRAL INDIANA YOUTH FOR CHRIST	,						
P.O. BOX 68695 INDIANAPOLIS, IN		9 501(C)(3) PUBL:	I 30,500.				TO BE USED AT THE OR
(3) CHALKBEAT, INC.							
1239 BROADWAY NEW YORK, NY 10001	90091584	6 501(C)(3) PUBL:	I 50,000.				CHALKBEAT INDIANA
(4) CHICAGO ALLIANCE AGAINST SEXUAL	EXPLOITATIO						
307 N. MICHIGAN AVE. CHICAGO, IL	60601 26022007	4 501(C)(3) PUBL:	I 75,000.				EMPOWERING YOUTH TO
(5) CHICAGO COALITION FOR THE HOMELE	SS						
70 E. LAKE ST. CHICAGO, IL 60601		7 501(C)(3) PUBL:	I 25,000.				YOUTH FUTURES MOBILE
(6) CHICAGO COMMUNITY FOUNDATION							
225 N. MICHIGAN AVE. CHICAGO, IL	60601 36343202	3 501(C)(3) PUBL:	I 90,000.				LGBT COMMUNITY FUND
(7) CHICAGO HOUSE							
1925 N. CLYBOURN AVE. CHICAGO, I	L 60614 36337643	2 501(C)(3) PUBL:	I 70,000.				TRANSLEGAL
(8) CHILD ADVOCATES INC.							
8200 HAVERSTICK RD. INDIANAPOLIS	, IN 46240 35178824	0 501(C)(3) PUBL	I 41,000.				TO BE USED AT THE OR
(9) CHILDREN IN THE SON							
P.O. BOX 99063 RALEIGH, NC 27624	57110387	6 501(C)(3) PUBL:	I 5,600.				GENERAL OPERATING SU
(10) CHRISTAMORE HOUSE							
502 N. TREMONT ST. INDIANAPOLIS,	IN 46222 35088558	8 501(C)(3) PUBL:	I 38,500.				SENIOR CITIZEN IMPAC
(11) CHRISTAMORE HOUSE GUILD							
C/O CHRISTAMORE HOUSE	31101921	6 501(C)(3) PUBL:	10,000.				TO BE USED AT THE OR
(12) CHRISTEL HOUSE INTERNATIONAL							
10 W. MARKET ST.	35205193	2 501(C)(3) PUBL:	12,500.				TO BE USED AT THE OR
2 Enter total number of section 50		-					
3 Enter total number of other orga	anizations listed in the	line 1 table				<u></u>	

			ssistance t dividuals i			-	OMB No. 1545-0047
		organization answ	vered "Yes" on F tach to Form 990	orm 990, Part IV			20 19 Open to Public
Internal Revenue Service	► Go	to www.irs.gov/	Form990 for the l	atest information).		Inspection
Name of the organization						Employer identifica	tion number
CENTRAL INDIANA COMMUNITY FOUNDAT	ION INC					35-17936	80
Part I General Information on Grants an	nd Assistand	e					
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	nts or assistan dures for mo	ce? nitoring the use c	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to I		•					Yes" on Form 990,
Part IV, line 21, for any recipient	that received	d more than \$5,0	000. Part II can l	pe duplicated if a	additional space is r	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) 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 OF
(5) COLBY & CATE'S CHARITIES							
4630 LISBORN DR. CARMEL, IN 46033	452465941	501(C)(3) PUBLI	20,000.				TO BE USED AT THE OF
(6) COLUMBIA COLLEGE CHICAGO							
600 S. MICHIGAN AVE. CHICAGO, IL 60605	366112087	501(C)(3) PUBLI	25,000.				2019-2020 MOCP EXHIE
(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 MIDE
(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
2 Enter total number of section 501(c)(3) and	•	•					
3 Enter total number of other organizations list	sted in the line	e 1 table				<u></u>	

SCHEDULE I	Grants a	nd Other A	ssistance t	o Organiza	itions,		OMB No. 1545-0047
			dividuals in				എ പ പ
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990. Part IV	. line 21 or 22.		2019
		-	tach to Form 990		,		Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/	Form990 for the I	atest information	۱.		Inspection
Name of the organization						Employer identificat	ion number
CENTRAL INDIANA COMMUNITY FOUNDAT	ION INC					35-179368	30
Part I General Information on Grants an	d Assistand	e					
1 Does the organization maintain records to s	ubstantiate t	he amount of the	grants or assista	nce, the grantees	' eligibility for the grant	s or assistance. and	
the selection criteria used to award the gran							X Yes No
2 Describe in Part IV the organization's proce							
Part II Grants and Other Assistance to I		5	8		nlete if the organiz	ation answered "	(es" on Form 990
Part IV, line 21, for any recipient							es on on 530,
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) 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 ONI
(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 OF
(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
2 Enter total number of section 501(c)(3) and	0	0					
3 Enter total number of other organizations lis	sted in the line	e 1 table	<u></u>		<u></u>	<u></u>	

SCHEDULE I				ssistance t		•		OMB No. 1545-0047
(Form 990)	Go	vernme	nts, and in	dividuals in	n the Unite	d States		2019
	Comp	olete if the o	-	wered "Yes" on F		, line 21 or 22.		
Department of the Treasury				tach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov/	Form990 for the I	atest information	1.		Inspection
Name of the organization							Employer identifica	
	A COMMUNITY FOUNDATI						35-17936	80
Part I General I	nformation on Grants and	d Assistanc	e					
 Does the organiz 	zation maintain records to su	ubstantiate th	ne amount of the	grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection crit	eria used to award the grant	s or assistan	ce?					X Yes No
2 Describe in Part	IV the organization's proceed	dures for mo	nitoring the use of	of grant funds in the	e United States.			
Part II Grants ar	nd Other Assistance to D	omestic Or	ganizations an	d Domestic Gov	vernments. Com	plete if the organiz	ation answered "	Yes" on Form 990,
	ne 21, for any recipient th		-					
1 (a) Name an	d address of organization 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) DOMESTIC VIOLENCE		252014672	F01(G)(2) DUDI T	25 000				
	ST. INDIANAPOLIS, IN 46260	352014673	501(C)(3) PUBLI	35,000.				SELF-SUFFICIENCY FUN
(2) DOVE RECOVERY HOU		-	501(G)(2) DTDT 7	20.000				
	ST. INDIANAPOLIS, IN 46208	352120680	501(C)(3) PUBLI	30,000.				CHARITABLE CONTRIBUT
(3) DRESS FOR SUCCESS		250050410	501(G)(2) DTDT 7	52.050				
	ST. INDIANAPOLIS, IN 46204	352078412	501(C)(3) PUBLI	53,250.				EXECUTIVE WOMEN IN F
(4) DUKE UNIVERSITY		-	501(G)(2) DTDT 7					
	AL CENTER DEVELOPMENT	560532129	501(C)(3) PUBLI	20,000.				POMPE DISEASE RESEAF
(5) DUNES NATIONAL PA		454000100	501 (C) (C)					
1100 N. MINERAL S	SPRINGS RD.	454000129	501(C)(3) PUBLI	7,500.				RESTORATION OF HISTO
(6) EAGLE CHURCH		-	F01(G)(2) DUDI T	45 175				
P.O. BOX 254 ZION		351952000	501(C)(3) PUBLI	45,175.				BUILDING MORTGAGE RE
(7) EAGLE CREEK CHURC		252126500		11 000				CHARITABLE CONTRIBUT
(8) EARLY LEARNING IN	INDIANAPOLIS, IN 46268	352126588	501(C)(3) PUBLI	11,000.				CHARITABLE CONTRIBUT
	ST. INDIANAPOLIS, IN 46202	350888763	501(C)(3) PUBLI	9,554.				2019 DISTRIBUTION
(9) EARTH CHARTER IND		550000705	501(0)(5) 10001	<i>,,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ZOID DISTRIBUTION
	INDIANAPOLIS, IN 46208	161673591	501(C)(3) PUBLI	6,000.				TO BE USED AT THE OR
(10) EDNA MARTIN CHRIS		101073331		0,000.				
x	INDIANAPOLIS, IN 46218-0388	351072577	501(C)(3) PUBLI	51,500.				GREAT FAMILIES 2020
	OF AMERICAN INDIANS AND WE	5510,2577		51,500.				
500 W. WASHINGTON		311139447	501(C)(3) PUBLI	62,000.				CHARITABLE CONTRIBUT
(12) ELEVATE INDIANAPO		511155111		02,000.				
<u> </u>	ST. INDIANAPOLIS, IN 46208	810807405	501(C)(3) PUBLI	7,500.				TO BE USED AT THE OR
	per of section 501(c)(3) and				nle	1	•	10 DI COLO AI INE OR
	per of other organizations list	0	0				· · · · · · · · · · · · · · · · · · ·	
							· · · · · · · · · · · ·	

			ssistance t		•	-	OMB No. 1545-0047
			dividuals in				2019
Com	olete if the o	-	wered "Yes" on F		, line 21 or 22.		
Department of the Treasury			tach to Form 990				Open to Public
Internal Revenue Service	► Go	to www.irs.gov/	Form990 for the l	atest information).		Inspection
Name of the organization						Employer identifie	
CENTRAL INDIANA COMMUNITY FOUNDATI						35-1793	680
Part I General Information on Grants and							
 Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistan	ce?					d X Yes No
Part II Grants and Other Assistance to D	omestic Or	ganizations an	d Domestic Gov	vernments. Con	plete if the organiz	ation answered	"Yes" on Form 990,
Part IV, line 21, for any recipient the	hat received	I more than \$5,	000. Part II can I	be duplicated if	additional space is r	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) 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 OF
(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					TO BE USED AT THE OF
2 Enter total number of section 501(c)(3) and	-	-					•
3 Enter total number of other organizations list	ted in the line	e 1 table					

SCHEDULE I (Form 990)			ssistance t	.			OMB No. 1545-0047
							2019
C	complete if the o	-	wered "Yes" on F		, line 21 or 22.		Open to Public
Department of the Treasury			tach to Form 990				Inspection
Internal Revenue Service	► Go	to www.irs.gov/	Form990 for the I	atest information	l.		-
Name of the organization						Employer identificat	
CENTRAL INDIANA COMMUNITY FOUND						35-179368	30
Part I General Information on Grants							
1 Does the organization maintain records							
the selection criteria used to award the g							X Yes No
2 Describe in Part IV the organization's pr	ocedures for mor	nitoring the use of	of grant funds in the	e United States.			
Part II Grants and Other Assistance	to Domestic Or	ganizations an	d Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipie	nt that received	more than \$5,	000. Part II can b	be duplicated if a	additional space is r	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) 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 479	06 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 4624	0 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 OF
(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 HOLADAY DR. CARMEL, IN 46032	270503531	501(C)(3) PUBLI	9,048.				TO BE USED AT THE OF
(12) FRANCIS W. PARKER SCHOOL							
330 W. WEBSTER AVE. CHICAGO, IL 60614	362171732	501(C)(3) PUBLI	1,200,000.				E&A ENDOWED SCHOLARS
2 Enter total number of section 501(c)(3) a	-	-					
3 Enter total number of other organization	s listed in the line	1 table	<u></u>			<u></u>	

SCHEDULE I				ssistance t				OMB No. 1545-0047
(Form 990)	Go	vernme	nts, and In	dividuals i	n the United	d States		2019
	Comp	olete if the o	rganization ansv	vered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury				tach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov/	Form990 for the I	atest information	n.		Inspection
Name of the organization							Employer identificat	
	COMMUNITY FOUNDATI						35-17936	30
Part I General In	formation on Grants and	d Assistand	e					
1 Does the organiz	ation maintain records to su	ubstantiate th	ne amount of the	grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
	eria used to award the grant							X Yes No
2 Describe in Part	IV the organization's proced	dures for mo	nitoring the use o	of grant funds in the	e United States.			
Part II Grants an	d Other Assistance to D	omestic Or	ganizations and	d Domestic Gov	vernments. Con	plete if the organiz	ation answered "	/es" on Form 990,
	e 21, for any recipient th		-					
1 (a) Name and	address of organization	(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
	·					other)		
(1) FRANCISCAN HEALTH		-						
	. MISHAWAKA, IN 46545	351955283	501(C)(3) PUBLI	200,000.				THE HEARTLAND STUDY
(2) FRANKLIN TOWNSHIP		_						
	RD. INDIANAPOLIS, IN 46259	352000204	501(C)(3) PUBLI	5,337.				RICHARD H. CROSSER M
(3) FREE METHODIST WOR		_						
770 N. HIGH SCHOOI	L RD.	350877568	501(C)(3) PUBLI	7,800.				CSAGREECE/WCS403.
(4) FRIENDS OF THE WHI	ITE RIVER	_						
	DIANAPOLIS, IN 46290	351658122	501(C)(3) PUBLI	21,250.				CHARITABLE CONTRIBUT
(5) FUND FOR HOOSIER H	EXCELLENCE, INC.	_						
P.O. BOX 97 INDIAN		351579672	501(C)(3) PUBLI	25,000.				SCHOLARSHIP SUPPORT
(6) GARDERE YOUTH ALLI	IANCE	_						
2225 ANNE MARIE DE	R. BATON ROUGE, LA 70820	383816608	501(C)(3) PUBLI	15,918.				PROGRAM SUPPORT
(7) GARFIELD PARK CONS	SERVATORY ALLIANCE	_						
300 N. CENTRAL PAR		364200490	501(C)(3) PUBLI	10,000.				URBAN ROOTS: TEEN DO
(8) GEIST CHRISTIAN CH		_						
8550 MUD CREEK RD.		351732249	501(C)(3) PUBLI	10,000.				TO BE USED AT THE OF
	ILY HOUSING FOUNDATION, IN	_						
8801 RIVER CROSSIN		201698926	501(C)(3) PUBLI	385,250.				CHE RESIDENT SUCCESS
(10) GENNESARET FREE CI		_						
	. INDIANAPOLIS, IN 46204	351776518	501(C)(3) PUBLI	49,200.				CHARITABLE CONTRIBUT
(11) GIFFORD YOUTH ACT		_						
	ERO BEACH, FL 32967	431950911	501(C)(3) PUBLI	6,000.				TO BE USED AT THE OF
(12) GIRL SCOUTS OF CEN		4						
	N. INDIANAPOLIS, IN 46214	350876381	501(C)(3) PUBLI	18,601.				2019 DISTRIBUTION
	er of section 501(c)(3) and	0	0					
3 Enter total number	er of other organizations list	ted in the line	e 1 table				<u></u>	

			ssistance t			F	OMB No. 1545-0047
(Form 990) GC	overnme	nts, and In	dividuals in	n the Unite	d States		2019
Com	plete if the o	rganization answ	vered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		-	tach to Form 990		, ,		Open to Public
Internal Revenue Service	► Go	to www.irs.gov/	Form990 for the I	atest information	۱.		Inspection
Name of the organization						Employer identificat	ion number
CENTRAL INDIANA COMMUNITY FOUNDAT	ION INC					35-17936	30
Part I General Information on Grants an	d Assistand	e					
1 Does the organization maintain records to s	ubstantiate tl	he amount of the	grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the gran							X Yes No
2 Describe in Part IV the organization's proce							
Part II Grants and Other Assistance to D	omestic Or	anizations an	d Domestic Gov	ernments Con	nlete if the organiz	ation answered "	es" on Form 990
Part IV, line 21, for any recipient t							
		-			· · ·		
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) 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 SUPE
(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 SPONSOF
(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
2 Enter total number of section 501(c)(3) and	-	-					
3 Enter total number of other organizations lis	ted in the line	e 1 table	<u></u>		<u></u>	<u></u>	

			ssistance t dividuals in	.			20 19
Com	olete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
- Department of the Treasury		► At	tach to Form 990	•			Open to Public
Internal Revenue Service	► Go	to www.irs.gov/	<i>Form990</i> for the I	atest informatior	۱.		Inspection
Name of the organization						Employer identificati	on number
CENTRAL INDIANA COMMUNITY FOUNDATI	ON INC					35-179368	0
Part I General Information on Grants and	d Assistanc	e					
1 Does the organization maintain records to su	ubstantiate th	ne amount of the	grants or assista	nce, the grantees	s' eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant							X Yes No
2 Describe in Part IV the organization's proceed	lures for mo	nitoring the use o	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations an	d Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990
Part IV, line 21, for any recipient the		-					
	1			-	-		
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) 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					SPONSORSHIP
2 Enter total number of section 501(c)(3) and	0	0					
3 Enter total number of other organizations list	ed in the line	e 1 table				<u></u>	

Schedule I (Form 990) (2019)

JSA

SCHEDULE I				ssistance t			-	OMB No. 1545-0047
(Form 990)	Go	vernme	nts, and In	dividuals i	n the United	d States		2019
	Comp	olete if the o	organization answ	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury				tach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov/	Form990 for the l	atest information	1.		Inspection
Name of the organization							Employer identific	ation number
CENTRAL INDIANA	COMMUNITY FOUNDATI	ION INC					35-1793	580
Part I General In	formation on Grants and	d Assistand	e					
the selection crite	ation maintain records to su eria used to award the grant IV the organization's proced	s or assistan	ce?					Id X Yes No
Part II Grants and	d Other Assistance to D	omestic O	rganizations an	d Domestic Gov	vernments. Com	plete if the organiz	ation answered	'Yes" on Form 990,
Part IV, lin	e 21, for any recipient th	nat received	d more than \$5,	000. Part II can I	be duplicated if a	additional space is r	needed.	
	address of organization overnment	(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) HYDE PARK ART CENT	ER							
	VE. CHICAGO, IL 60615	362887294	501(C)(3) PUBLI	13,000.				2019 GALA
(2) IMMIGRANT WELCOME	CENTER							
C/O SOUTHEAST COMM		203222424	501(C)(3) PUBLI	47,609.				2019 DISTRIBUTION
(3) INDIANA AUDUBON SC	CIETY							
MARY GRAY BIRD SAN		356023489	501(C)(3) PUBLI	11,600.				MOTUS EXPANSION PROJ
(4) INDIANA BLACK EXPO), INC.							
3145 N. MERIDIAN S		351406245	501(C)(3) PUBLI	125,000.				PERFORMING ARTS ACAI
(5) INDIANA BLIND CHII	DREN'S FOUNDATION							
7725 N. COLLEGE AV		351892005	501(C)(3) PUBLI	16,000.				TO BE USED AT THE OF
(6) INDIANA COUNCIL ON	I PROBLEM GAMBLING							
3935 N. MERIDIAN S	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	3							
1500 N. DELAWARE S	ST.	351344382	501(C)(3) PUBLI	1,000,000.				INDIANA AUTHORS AWAF
(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. NO	BLESVILLE, IN 46060	264263801	501(C)(3) PUBLI	20,800.				INDIANA PARKINSON FO
(11) INDIANA PERFORMING	GARTS CENTRE							
401 E. MICHIGAN ST	. INDIANAPOLIS, IN 46204	753233688	501(C)(3) PUBLI	10,000.				TECHNICAL THEATRE AF
(12) INDIANA RECYCLING	COALITION							
708 E. MICHIGAN ST	. INDIANAPOLIS, IN 46202	351806971	501(C)(3) PUBLI	50,000.				MASTER RECYCLERS PRO
	er of section 501(c)(3) and	-	•					▶
3 Enter total number	er of other organizations list	ted in the line	e 1 table				<u></u>	▶

SCHEDULE I (Form 990)				ssistance t				OMB No. 1545-0047
(FOIIII 990)			•	dividuals in				2019
	Com	plete if the o	-	wered "Yes" on F		, line 21 or 22.		Open to Public
Department of the Treasury				tach to Form 990				Inspection
Internal Revenue Service		► Go	to www.irs.gov/	Form990 for the I	atest information	1.		
Name of the organization							Employer identification	
	COMMUNITY FOUNDAT						35-17936	80
	nformation on Grants an							
	ation maintain records to s							
	eria used to award the grant							X Yes No
2 Describe in Part	IV the organization's proceed	dures for mo	nitoring the use o	of grant funds in the	e United States.			
Part II Grants an	d Other Assistance to D	omestic Or	ganizations and	d Domestic Gov	vernments. Con	plete if the organiz	ation answered "	'es" on Form 990,
Part IV, lin	ne 21, for any recipient t	hat received	d more than \$5,0	000. Part II can I	be duplicated if	additional space is r	needed.	
	address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) INDIANA REPERTORY	THEATRE, INC							
140 W. WASHINGTON		351186290	501(C)(3) PUBLI	347,516.				CHARITABLE CONTRIBUT
(2) INDIANA SPORTS CON	RPORATION							
201 S. CAPITOL AVI		310975117	501(C)(3) PUBLI	12,772.				2019 DISTRIBUTION
(3) INDIANA STATE MUSI	EUM FOUNDATION, INC.							
650 W. WASHINGTON		356202818	501(C)(3) PUBLI	50,232.				CHARITABLE CONTRIBUT
(4) INDIANA UNIVERSITY	Y FOUNDATION							
301 UNIVERSITY BLV	VD. INDIANAPOLIS, IN 46202	356018940	501(C)(3) PUBLI	84,431.				CHARITABLE CONTRIBUT
(5) INDIANA UNIVERSITY	Y SCHOOL OF MEDICINE							
550 N. MERIDIAN S	T. INDIANAPOLIS, IN 46202	356001673	501(C)(3) PUBLI	6,467.				INDIANA ALZHEIMER'S
(6) INDIANA UNIVERSITY	Y SIMON CANCER CENTER							
535 BARNHILL DR. 1	INDIANAPOLIS, IN 46202	356001673	EDUCATIONAL ORG	25,000.				CHUCKSTRONG FUND AT
(7) INDIANAPOLIS ART (CENTER							
820 E. 67TH ST. II	NDIANAPOLIS, IN 46220	351088735	501(C)(3) PUBLI	158,436.				2019 DISTRIBUTION
(8) INDIANAPOLIS CHAM	BER ORCHESTRA							
4603 CLARENDON RD	. INDIANAPOLIS, IN 46208	311132072	501(C)(3) PUBLI	82,940.				2019 DISTRIBUTION
(9) INDIANAPOLIS CONT	EMPORARY							
P.O. BOX 11259 IN	DIANAPOLIS, IN 46201	352155600	501(C)(3) PUBLI	50,000.				GENERAL OPERATING SU
(10) INDIANAPOLIS CULT	URAL 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	4						
P.O. BOX 20857 IN	DIANAPOLIS, IN 46220	351991319	501(C)(3) PUBLI	10,000.				INDY JAZZ FEST
(12) INDIANAPOLIS LEGA	L AID SOCIETY, INC.	_						
	. INDIANAPOLIS, IN 46204	351045153	501(C)(3) PUBLI	100,000.				RE-ENTRY LEGAL ASSIS
	er of section 501(c)(3) and	0	0					
3 Enter total number	er of other organizations lis	ted in the line	e 1 table				<u></u>	

(Form 990) GC	overnme	nts, and In	ssistance t dividuals in	n the Unite	d States		20 19
Com	plete if the o	-	wered "Yes" on F		, line 21 or 22.		
Department of the Treasury			tach to Form 990				Open to Public
Internal Revenue Service	► Go	to www.irs.gov/	Form990 for the I	atest information).		Inspection
Name of the organization						Employer identificati	
CENTRAL INDIANA COMMUNITY FOUNDAT						35-179368	0
Part I General Information on Grants an							
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's procession 	ts or assistand dures for mor	ce? nitoring the use c	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D	omestic Or	ganizations an	d Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient t	hat received	l more than \$5,0	000. Part II can b	be duplicated if a	additional space is r	eeded.	
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	-	-					
3 Enter total number of other organizations lis	ted in the line	e 1 table				<u></u>	

SCHEDULE I				ssistance f			-	OMB No. 1545-0047
(Form 990)	GC	overnme	nts, and In	dividuals i	n the United	d States		2019
	Com	plete if the o	organization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			► At	tach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov/	Form990 for the	atest information	1.		Inspection
Name of the organization							Employer identific	ation number
CENTRAL INDIANA	A COMMUNITY FOUNDATI	LON INC					35-1793	580
Part I General I	nformation on Grants and	d Assistand	e					
the selection crit	zation maintain records to so eria used to award the grant IV the organization's proces	s or assistan	ce?					d 🛛 X Yes 🗌 No
Part II Grants an	nd Other Assistance to D	omestic O	rganizations an	d Domestic Gov	vernments. Com	plete if the organiz	ation answered	'Yes" on Form 990,
Part IV, lir	ne 21, for any recipient tl	hat received	d more than \$5,	000. Part II can l	be duplicated if a	additional space is r	needed.	
	d address of organization 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) INTER PARISH MINI	STRY							
	INCINNATI, OH 45244	237451134	501(C)(3) PUBLI	6,250.				CHARITABLE CONTRIBUT
(2) INTERNATIONAL CRA	NE FOUNDATION							
	RD. BARABOO, WI 53913	391187711	501(C)(3) PUBLI	25,000.				CRANE AWARENESS AND
(3) INTERNATIONAL CRY	PTOZOOLOGY MUSEUM							
	T RD. PORTLAND, ME 04102	453598429	501(C)(3) PUBLI	25,000.				GENERAL OPERATING SU
(4) INTERNATIONAL JUS	TICE MISSION							
P.O. BOX 96961 WA	SHINGTON, DC 20090-6961	541722887	501(C)(3) PUBLI	15,000.				CAMPAIGN 9 (GHANA)
(5) IRVINGTON PRESBYT	ERIAN CHURCH							
55 JOHNSON AVE. I	NDIANAPOLIS, IN 46219	350868021	501(C)(3) PUBLI	24,284.				CHARITABLE CONTRIBUT
(6) IVY TECH FOUNDATI	ON							
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. I	NDIANAPOLIS, IN 46260	237099138	501(C)(3) PUBLI	30,000.				SUPPORT FOR THE UNIT
(8) JEWISH FEDERATION	OF GREATER INDIANAPOLIS							
6705 HOOVER RD. I	NDIANAPOLIS, IN 46260-4120	350888017	501(C)(3) PUBLI	122,500.				ANNUAL CAMPAIGN SUPP
(9) JMO FOUNDATION IN	CORPORATED							
5901 WILLIAM CONN	ER WAY CARMEL, IN 46033	831903829	501(C)(3) PUBLI	10,000.				TO BE USED AT THE OF
(10) JOHN P. CRAINE HO	USE, INC.	_						
6130 N. MICHIGAN	RD INDIANAPOLIS, IN 46228	351021203	501(C)(3) PUBLI	6,000.				TO BE USED AT THE OF
(11) JOHNSON COUNTY SE	NIOR SERVICES							
731 S. STATE ST.	FRANKLIN, IN 46131	351474817	501(C)(3) PUBLI	57,500.				CHARITABLE CONTRIBUT
(12) JOSEPH MALEY FOUN	DATION							
	NDIANAPOLIS, IN 46268	263153750	501(C)(3) PUBLI					TO BE USED AT THE OF
	per of section 501(c)(3) and	-	•					▶
3 Enter total numb	er of other organizations lis	ted in the line	e 1 table				<u></u>	<u> </u>

SCHEDULE I (Form 990)			Assistance t Idividuals in	U	•	-	омв No. 1545-0047 20 19				
Co	mplete if the o	organization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.						
Department of the Treasury		► At	tach to Form 990				Open to Public				
Internal Revenue Service	► Go	to www.irs.gov/	<i>Form990</i> for the I	atest informatior).		Inspection				
Name of the organization						Employer identificat	on number				
CENTRAL INDIANA COMMUNITY FOUNDA	TION INC					35-179368	30				
Part I General Information on Grants	and Assistanc	e									
the selection criteria used to award the gr	the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.										
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,											
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.											
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) 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 4624	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				
2 Enter total number of section 501(c)(3) a	-	•									
3 Enter total number of other organizations	listed in the line	e 1 table				<u></u>					

			ssistance t	•		-	OMB No. 1545-0047
		,					2019
Comj	olete if the o	-	wered "Yes" on F tach to Form 990		, line 21 or 22.		Open to Public
Department of the Treasury			<i>Form990</i> for the l				Inspection
Internal Revenue Service Name of the organization	► G0	10 www.irs.gov/	Formage for the i	atest mormation	l.	Employer identificat	
CENTRAL INDIANA COMMUNITY FOUNDAT	ON THC					35-179368	
Part General Information on Grants and		•				33-179300	
					l aliaihilitu fan tha anant		
1 Does the organization maintain records to su			-	-		s or assistance, and	X Yes No
the selection criteria used to award the grant							
2 Describe in Part IV the organization's proceed							
Part II Grants and Other Assistance to D		-					'es" on Form 990,
Part IV, line 21, for any recipient the	hat received	l more than \$5,	000. Part II can b	be duplicated if a	additional space is r	eeded.	
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) 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
2 Enter total number of section 501(c)(3) and	0	0					
3 Enter total number of other organizations list	ted in the line	e 1 table				<u> </u>	

SCHEDULE I (Form 990)				Assistance t Idividuals in	U		-	OMB No. 1545-0047	
			•					2019	
	Com	Diete if the o	-	wered "Yes" on F tach to Form 990		, line 21 or 22.		Open to Public	
Department of the Treasury Internal Revenue Service		► Go		<i>Form990</i> for the l				Inspection	
Name of the organization		P 00	to www.iis.gov/			•	Employer identifica		
0	COMMUNITY FOUNDATI	ON THC					35-17936		
	ormation on Grants and		e				00 1/200		
	ion maintain records to si			arante or assista	nce the grantees	' eligibility for the grant	e or assistance, and		
•	a used to award the grant			-		• • •		X Yes No	
	the organization's procee								
	Other Assistance to D					plata if the organiz	ation anowarad "	/00" on Form 000	
			-					res 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.									
	ddress of organization /ernment	(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) LOST CREEK GROVE RES	STORATION & PRESERVATION								
P.O. BOX 3507 TERRE	HAUTE, IN 47803	320130405	501(C)(3) PUBLI	13,000.				PROPERTY MAINTENANCE	
(2) MAGDALENE HOUSE CHIC	CAGO								
P.O. BOX 1541 RIVERS	SIDE, IL 60546	473713877	501(C)(3) PUBLI	100,000.				NEW MATCHING CHALLEN	
(3) MANNERS OF THE HEART	Г								
763 N. BOULEVARD BAT	FON ROUGE, LA 70802	680531760	501(C)(3) PUBLI	40,000.				AUTOMATION AND ANIMA	
(4) MAPLETON-FALL CREEK	DEVELOPMENT CORPORATION								
3190 N. MERIDIAN ST	. INDIANAPOLIS, IN 46208	351654999	501(C)(3) PUBLI	20,000.				SENIOR LIVSTABILITY	
(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. INDIA	ANAPOLIS, IN 46208	237415846	501(C)(3) PUBLI	70,500.				GREAT FAMILIES 2020	
(7) MARTINDALE BRIGHTWOO	OD COMMUNITY DEVELOPMENT								
2855 N. KEYSTONE AVE	ε.	351870982	501(C)(3) PUBLI	6,000.				HELPING THOSE IN NEE	
(8) MEALS ON WHEELS OF H	HAMILTON COUNTY								
395 WESTFIELD RD.		351344488	501(C)(3) PUBLI	25,000.				SPONSOR-A-SENIOR PRO	
(9) MID-LAND MEALS INC.									
3313 CONCORD RD. LAN	FAYETTE, IN 47909	237337408	501(C)(3) PUBLI	6,000.				CHARITABLE CONTRIBUT	
(10) MILFORD MIAMI MINIST	TRY								
844 STATE RTE. 131 M	MILFORD, OH 45150	432118663	501(C)(3) PUBLI	6,250.				CHARITABLE CONTRIBUT	
(11) MILLIGAN COLLEGE									
P.O. BOX 500 MILLIGA	AN COLLEGE, TN 37682	620535755	501(C)(3) PUBLI	80,000.				TO BE USED AT THE OF	
(12) MISSION 22									
	. WEST LINN, OR 97068	462750726	501(C)(3) PUBLI	5,425.				RUN FOR HOPE	
	of section 501(c)(3) and	-	-						
3 Enter total number	of other organizations list	ted in the line	e 1 table				<u></u>		

SCHEDULE I	Grants a	nd Other A	ssistance t	o Organiza	itions,		OMB No. 1545-0047
		•	dividuals i				2019
Com	plete if the c	-	wered "Yes" on F		, line 21 or 22.		Open to Public
Department of the Treasury		- · ·	tach to Form 990				Inspection
Internal Revenue Service	► Go	to www.irs.gov/	Form990 for the	atest information).		
Name of the organization						Employer identifica	
CENTRAL INDIANA COMMUNITY FOUNDAT						35-17936	80
Part I General Information on Grants an							
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's procession 	ts or assistan	ce?					X Yes No
Part II Grants and Other Assistance to D	omestic O	rganizations an	d Domestic Gov	/ernments. Con	plete if the organiz	ation answered "	Yes" on Form 990,
Part IV, line 21, for any recipient t	hat received	d more than \$5,	000. Part II can I	be duplicated if a	additional space is r	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) 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 OF
(3) NEIGHBORLINK INDIANAPOLIS							
5500 N MERIDIAN ST. INDIANAPOLIS, IN 46208	463002445	501(C)(3) PUBLI	35,000.				FUNDING FOR DEVELOPM
(4) NEIGHBORSPACE							
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- H
(7) NEW SONG MISSION	_						
P.O. BOX 488 NASHVILLE, IN 47448	800082755	501(C)(3) PUBLI	6,000.				TO BE USED AT THE OF
(8) NHBA EDUCATION AND ACTIVITY FUND	_						
NEW HARMONY BUSINESS ASSOCIATES	208882520	501(C)(3) PUBLI	10,000.				CONSULTANT & MEDIA N
(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 OF
(12) OASIS INDIANAPOLIS	4						
10800 E. WASHINGTON ST.	272392510	501(C)(3) PUBLI					HEALTHY AGING THROUG
2 Enter total number of section 501(c)(3) and	•	•					•
3 Enter total number of other organizations lis	ted in the line	e 1 table				<u></u>	•

SCHEDULE I				ssistance t		•	F	OMB No. 1545-0047
(Form 990)	Go	vernme	nts, and In	dividuals i	n the United	d States		2019
	Comp	olete if the o	organization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			► At	tach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov/	Form990 for the	atest information	1.		Inspection
Name of the organization							Employer identifie	ation number
CENTRAL INDIANA	A COMMUNITY FOUNDATI	ION INC					35-1793	680
Part I General Ir	nformation on Grants and	d Assistand	e					
 Does the organiz 	zation maintain records to su	ubstantiate t	he amount of the	grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, ar	
the selection crite	eria used to award the grant	s or assistan	ce?					X Yes No
2 Describe in Part	IV the organization's proceed	dures for mo	nitoring the use of	of grant funds in th	e United States.			
Part II Grants an	d Other Assistance to D	omestic O	qanizations an	d Domestic Gov	vernments. Com	plete if the organiz	ation answered	"Yes" on Form 990.
	ne 21, for any recipient th		-					····,
	- · ·		(c) IRC section		-			(h) Durnoop of groat
	d address of organization government	(b) EIN	(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
(4)								
(1) OLIVET NAZARENE U		262101252	F01(G)(2) DUDI T	15 000				
	MENT BOURBONNAIS, IL 60914	362191252	501(C)(3) PUBLI	15,000.				EDUCATIONAL INITIAT
(2) ONE ACCORD INC.,			501(C)(2) DUDI T	FF 010				
P.O. BOX 594 AUDU	BON, NJ USIU6	223636813	501(C)(3) PUBLI	55,918.				UPGRADE TECH, PRGM A
(3) OPENLANDS		262640602	501(C)(2) DUDI T	F0.000				ANNUAL FUND SUPPORT
	ST. CHICAGO, IL 60602	362649603	501(C)(3) PUBLI	50,000.				ANNUAL FUND SUPPORT
(4) OWEN-MACLURE FOUN	T. HOUSTON, TX 77056	760387338	509 PF PRIVATE	17,500.				NEW HARMONY MUSIC FI
(5) OX-BOW	1. HOUSION, 1X //050	700387338	JUJ PF PRIVALE	17,500.				NEW HARMONI MUSIC FI
	CHICAGO, IL 60603	381081760	501(C)(3) PUBLI	25,000.				2019 VISITING ARTIST
	NSITIONAL HOUSING CENTER	381081700	501(C)(3) POBLI	25,000.				2019 VISITING ARTIS
	FORDSVILLE, IN 47933	320281982	501(C)(3) PUBLI	10,000.				GENERAL OPERATING
(7) PARK TUDOR SCHOOL		520201902	501(0)(5) 10001	10,000.				GENERAL OF ERATING
	VE. INDIANAPOLIS, IN 46240	350909976	501(C)(3) PUBLI	55,000.				TO BE USED AT THE OF
(8) PATTERN INC.		330303770	501(0)(0) 10000	55,000.				
	D. CARMEL, IN 46032	474197760	501(C)(3) PUBLI	10,000.				GENERAL OPERATING SU
(9) PAWS CHICAGO								
	AVE. CHICAGO, IL 60614	364219778	501(C)(3) PUBLI	125,000.				PAWS CAPITAL CAMPAIO
(10) PEOPLE FOR URBAN								
x - <i>t</i>	INDIANAPOLIS, IN 46222	263733786	501(C)(3) PUBLI	30,000.				CAPACITY BUILDING SU
(11) PHALEN LEADERSHIP	ACADEMY-INDIANA INC.							
	ST. INDIANAPOLIS, IN 46208	364729586	501(C)(3) PUBLI	125,000.				PLA COLLEGE AND CARE
(12) PINE RIDGE BIBLE								
<u> </u>	RD. QUINCY, MI 49082	382515062	RELIGIOUS ORGAN	10,000.				TO BE USED AT THE OF
2 Enter total numb	er of section 501(c)(3) and	government	organizations lis	ted in the line 1 tal	ble			<u> </u>
	er of other organizations list	-	-					▶

Schedule I (Form 990) (2019)

JSA

SCHEDULE I (Form 990)	Go	overnme	nts, and In	Assistance t Idividuals in Wered "Yes" on F	n the United	d States		OMB No. 1545-0047
Department of the Treasury		b 0.	P	tach to Form 990	-			Open to Public Inspection
Internal Revenue Service		► Go	to www.irs.gov/	Form990 for the l	atest information		Enveloper identifie	-
Name of the organization		I DI TITO					Employer identifica	
	A COMMUNITY FOUNDATI		•				35-17936	80
	nformation on Grants and							
	zation maintain records to su						s or assistance, and	
	eria used to award the grant							X Yes No
2 Describe in Part	IV the organization's proceed	dures for mo	nitoring the use of	of grant funds in the	e United States.			
Part II Grants an	nd Other Assistance to D	omestic Or	ganizations an	d Domestic Gov	vernments. Com	plete if the organiz	ation answered "	Yes" on Form 990,
Part IV, Iir	ne 21, for any recipient th	hat received	l more than \$5,	000. Part II can b	be duplicated if a	additional space is r	needed.	
	d address of organization 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) PLANNED PARENTHOO	D MINNESOTA, N DAKOTA, S D							
~ /	ST. PAUL, MN 55114	410948382	501(C)(3) PUBLI	6,462.				TO BE USED AT THE OR
	D OF INDIANA AND KENTUC							
~ /	T. INDIANAPOLIS, IN 46225	350874276	501(C)(3) PUBLI	64,357.				TO BE USED AT THE OR
(3) PLANNED PARENTHOO								
P.O. BOX 3673 ANN		381707521	501(C)(3) PUBLI	8,000.				TO BE USED AT THE OR
(4) PLANNED PARENTHOO	D OF NORTHERN CALIFORNIA							
2185 PACHECO ST.		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 CO	UNTY							
2700 LAKEVIEW DR.	NEW CASTLE, IN 47362	814103935	501(C)(3) PUBLI	10,000.				REHABILITATION OF MU
(7) PROACT INDY								
5823 BEATLE DR. I	NDIANAPOLIS, IN 46216	273951990	501(C)(3) PUBLI	25,000.				GENERAL OPERATING SU
(8) PROJECT LIA								
1125 BROOKSIDE AV	E. INDIANAPOLIS, IN 46202	814833311	501(C)(3) PUBLI	32,856.				TRANSITIONS OF FORME
(9) PROJECT STEPPING	STONE OF INDIANA	_						
P.O. BOX 1501 IND	IANAPOLIS, IN 46206-1501		501(C)(3) PUBLI	24,589.				PROJECT STEPPING STO
(10) PURDUE FOUNDATION	1							
DEVELOPMENT OFFIC	E WEST LAFAYETTE, IN 47907	351052049	501(C)(3) PUBLI	28,500.				PMO PURDUE VARSITY G
(11) PURDUE UNIVERSITY								
PRE-AWARD SERVICE		356002041	501(C)(3) PUBLI	12,500.				CHARITABLE CONTRIBUT
(12) PURDUE UNIVERSITY	COOPERATIVE EXTENSION SER							
	WEST LAFAYETTE, IN 47907	356002041	501(C)(3) PUBLI					CHARITABLE CONTRIBUT
	per of section 501(c)(3) and	-	-					•
3 Enter total numb	er of other organizations list	ted in the line	e 1 table				<u></u>	•

Schedule I (Form 990) (2019)

JSA

SCHEDULE I	(Grants a	nd Other A	ssistance t	o Organiza	itions,		OMB No. 1545-0047
(Form 990)	Go	vernme	nts, and In	dividuals in	n the Unite	d States		2019
	Comr	olete if the o	, rganization ans	wered "Yes" on F	orm 990. Part IV	line 21 or 22.		
			-	tach to Form 990		,		Open to Public
Department of the Treasury Internal Revenue Service		► Go	to www.irs.gov/	<i>Form990</i> for the I	atest information).		Inspection
Name of the organization							Employer identifica	ion number
CENTRAL INDIANA	COMMUNITY FOUNDATI	ON INC					35-17936	80
Part General In	nformation on Grants and	d Assistanc	e					
	ation maintain records to su	ibstantiate th	he amount of the	grants or assista	nce the grantees	' eligibility for the grant	s or assistance and	
-	eria used to award the grant			-	-			X Yes No
	IV the organization's proced							
	d Other Assistance to D		•			ploto if the organiz	ation answored "	/os" on Form 000
			-					165 UN FUIN 990,
Part IV, III	e 21, for any recipient the	lat received	more than \$5,	000. Part II can t				
	address of organization 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) PURPLE HEART HOMES	S, INC.							
P.O. BOX 5535 STAT	FESVILLE, NC 28687	263516121	501(C)(3) PUBLI	10,000.				DEVELOPMENT OF PHH I
(2) QUALITY LIFE CENTE	ER OF SOUTHWEST FLORIDA							
P.O. DRAWER 1290 H	FORT MEYERS, FL 33902-1290	650321309	501(C)(3) PUBLI	25,000.				TO BE USED AT THE OF
(3) QUEENS UNIVERSITY	OF CHARLOTTE							
1900 SELWYN AVE. C	CHARLOTTE, NC 28274	560530003	501(C)(3) PUBLI	33,761.				TO BE USED AT THE OF
(4) READY BY 21 MENTOR	RING							
P.O. BOX 216 DEER	ISLE, ME 04627	464144129	501(C)(3) PUBLI	7,000.				TO BE USED AT THE OF
(5) RECYCLEFORCE								
1255 ROOSEVELT AVE	E. INDIANAPOLIS, IN 46201	141892402	501(C)(3) PUBLI	20,000.				GENERAL OPERATING SU
(6) RICHMOND ART MUSEU	JM							
350 HUB ETCHISON E	PKWY	356005040	501(C)(3) PUBLI	10,000.				GENERAL OPERATING SU
(7) RILEY CHILDREN'S H	FOUNDATION							
30 S. MERIDIAN ST.	•	350868147	501(C)(3) PUBLI	72,618.				TO BE USED AT THE OF
(8) RIVER BEND FOOD RE	ESERVOIR							
4040 KIMMEL DRIVE	DAVENPORT, IN 52802	363147342	501(C)(3) PUBLI	10,000.				TO BE USED AT THE OF
(9) ROOSEVELT UNIVERSI	ITY	_						
430 S. MICHIGAN AV	VE. CHICAGO, IL 60605	362167854	501(C)(3) PUBLI	25,000.				BLACK MALE LEADERSHI
(10) RSVP VOLUNTEER CEN	NTER							
501 BURKHART DR. W	WASHINGTON, IN 47501	351760790	501(C)(3) PUBLI	7,970.				CHARITABLE CONTRIBUT
(11) SECOND CITY CANINE	E RESCUE	_						
P.O. BOX 721094 RC	OSELLE, IL 60172	453336498	501(C)(3) PUBLI	25,000.				SAVING LIVES THROUGH
(12) SECOND HARVEST FOO	OD BANK OF EAST CENTRAL IN	4						
6621 N. OLD SR 3 M		311111795	501(C)(3) PUBLI	10,000.				CHARITABLE CONTRIBUT
	er of section 501(c)(3) and	0	0					
3 Enter total number	er of other organizations list	ed in the line	e 1 table				<u></u>	

SCHEDULE I (Form 990)				Assistance t Idividuals in	U		-	OMB No. 1545-0047
(10111 330)			,					2019
	Com	plete if the o	-	wered "Yes" on F		, line 21 or 22.		Open to Public
Department of the Treasury				tach to Form 990				Inspection
Internal Revenue Service Name of the organization		► Go	to www.irs.gov/	Form990 for the l	atest information	l.	Employer identifica	
<u> </u>	A COMMUNITY FOUNDAT	ON THO					35-17936	
	nformation on Grants an						35-17930	50
						1 - 1 - 1 - 1 - 1		
-	zation maintain records to s			-	-		s or assistance, and	X Yes No
	eria used to award the grant							
	IV the organization's procee							
	nd Other Assistance to D		-					es" on Form 990,
Part IV, lir	ne 21, for any recipient t	hat received	more than \$5,	000. Part II can I	be duplicated if a	additional space is r	eeded.	
	d address of organization 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) SECOND HELPINGS,	INC.							
	RILYN GLICK CENTER	351484281	501(C)(3) PUBLI	92,200.				TO BE USED AT THE OF
(2) SECOND PRESBYTERI	AN CHURCH							
7700 N. MERIDIAN	ST.	350868030	RELIGIOUS ORGAN	10,500.				TO BE USED AT THE OF
(3) SEEDS OF HOPE, IN	IC.							
1425 S. MICKLEY A	VE.	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 IN	IDIANAPOLIS, IN 46268	453825509	501(C)(3) PUBLI	96,677.				PROCEEDS OF SWEET ST
(6) SERVANT'S HEART O	OF INDY, INC.	_						
5602 ELMWOOD AVE	INDIANAPOLIS, IN 46203	200123553	501(C)(3) PUBLI	7,500.				CHARITABLE CONTRIBUT
(7) SF-MARIN FOOD BAN	IK							
900 PENNSYLVANIA	AVE.	943041517	501(C)(3) PUBLI	8,500.				TO BE USED AT THE OF
(8) SHARES, INC.		_						
1611 S. MILLER ST	. SHELBYVILLE, IN 46176	351389005	501(C)(3) PUBLI	20,500.				TRANSPORTATION / VEH
(9) SHELBY SENIOR SER	VICES	_						
1504 S. HARRISON	ST. SHELBYVILLE, IN 46176	351447684	501(C)(3) PUBLI	50,000.				OPERATING FUNDS FOR
(10) SHEPHERD COMMUNIT	Y CENTER INC.	_						
4107 E. WASHINGTO	N ST.	351765846	501(C)(3) PUBLI	405,000.				TO BE USED AT THE OF
(11) SILENT CINEMA PRE	SENTATIONS, 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. VI	NCENT DE PAUL	4						
3001 E. 30TH ST.		371507632	501(C)(3) PUBLI	26,000.				TO BE USED AT THE OR
	per of section 501(c)(3) and	•	-					
3 Enter total numb	per of other organizations lis	ted in the line	e 1 table				<u></u>	

Governments, and Individuals in the United States 2019 Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	SCHEDULE I	Grants a	nd Other A	ssistance f	o Organiza	itions,	F	OMB No. 1545-0047
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Open to Public Inspection Department of the Treasury Internal Revenue Service E Go to www.irs.gov/Form990 for the latest information. Employer identification number Name of the organization of the organization and Assistance Employer identification number 35-1793680 Part I General Information on Grants and Assistance 35-1793680 35-1793680 Part I General Information on Grants and Assistance?	(Form 990) Go	vernme	ents, and In	dividuals i	n the Unite	d States		୬ଲ 1 0
Department of the Treasury Internal Revenue Service Construction Open to Public Inspection Name of the organization Employer identification number 35-1793680 Imployer identification number 35-1793680 Part I General Information on Grants and Assistance 35-1793680 1 Does the organization the selection criteria used to award the grants or assistance? Imployer identification number 35-1793680 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Imployer identification 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 (e) EIN (e) EIN (e) Amount of cash grant (e) Amount of cash grant (f) Amount of cash grant	Com	olete if the c	organization ans	wered "Yes" on F	orm 990. Part IV	. line 21 or 22.		
Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number 35-179368 Part I General Information on Grants and Assistance 35-179368 Part I General Information on Grants and Assistance X Yes N 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? X Yes N 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Amount of non- (ash assistance) (b) Method of valuation noncash assistance) (b) Purpose of grant or assistance) (1) son pournent goortnextre montantic in the data states in the control in the grant state in the second provide the grant state in the data states. (b) Description of non cash assistance) (b) Purpose of grant or assistance) (2) sourcester toomkinner the data states. (b) EIN (c) EIN (c) EIN (c) Manount of cash ore assist			-			,		Open to Public
CENTRAL INDIANA COMMUNITY FOUNDATION INC 35-1793680 Part1 General Information on Grants and Assistance		► Go	to www.irs.gov/	Form990 for the l	atest information	1.		Inspection
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? Image: Complexity of the organization's procedures for monitoring the use of grant funds in the United States. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III 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 (d) Amount of cash grant set assistance (f) Method of valuation grants, EMM set assistance (h) Purpose of grant or assistance (1) Son FOUNDATION (b) EIN (c) IRC section (d) Amount of cash grant set assistance (f) Method of valuation (noncash assistance (h) Purpose of grant or assistance (1) Son FOUNDATION (b) EIN (c) IRC section (d) Amount of cash grant set assistance (f) Amount of cash cash assistance	Name of the organization						Employer identifi	cation number
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(8) ST. MARGARET'S HOUSE				25,000.				
		351913328	501(C)(3) PUBLT	6.750				CHARITABLE CONTRIBUT
(9) ST. MARY'S CHILD CENTER								
		351141484	501(C)(3) PUBLI	13,500.				CHARITABLE CONTRIBUT
(10) ST. NICHOLAS EARLY LEARNING, INC.								
	<u> </u>	364824421	501(C)(3) PUBLI	11,000.				TO BE USED AT THE OF
(11) ST. THOMAS EPISCOPAL CHURCH	(11) ST. THOMAS EPISCOPAL CHURCH							
		351449379	RELIGIOUS ORGAN	10,000.				ST. THOMAS CLINIC -
(12) ST. VINCENT DEPAUL FT. WAYNE	(12) ST. VINCENT DEPAUL FT. WAYNE							
		350975940	501(C)(3) PUBLI	7,000.				CHARITABLE CONTRIBUT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	2 Enter total number of section 501(c)(3) and	government	organizations lis	ted in the line 1 tal	ole			▶
3 Enter total number of other organizations listed in the line 1 table	3 Enter total number of other organizations list	ted in the lin	e 1 table	<u></u>	<u></u> .	<u></u>	<u></u> .	►

SCHEDULE I	Grants a	nd Other A	ssistance t	o Organiza	itions,		OMB No. 1545-0047
(Form 990) Go	vernme	nts, and In	dividuals i	n the Unite	d States		എ പ
			wered "Yes" on F				2019
		-	tach to Form 990		,		Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/	Form990 for the I	atest informatior).		Inspection
Name of the organization						Employer identificat	ion number
CENTRAL INDIANA COMMUNITY FOUNDATI	ON INC					35-179368	30
Part I General Information on Grants and	d Assistanc	e					
1 Does the organization maintain records to su			grants or assista	nce the grantees	' eligibility for the grant	s or assistance and	
the selection criteria used to award the grant			-	-			X Yes No
2 Describe in Part IV the organization's proceed							
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Part II Grants and Other Assistance to D		-					res on Form 990,
Part IV, line 21, for any recipient th	hat received	more than \$5,	000. Part II can t	be duplicated if a	•	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) 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 OF
(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	1						
DEVELOPERTOWN, STE. #4	352155455	501(C)(3) PUBLI	127,000.				2019 DISTRIBUTION
(10) TEENWORKS	1						
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	4						
PO BOX 750 VENICE, CA 90294	814985512	501(C)(3) PUBLI	50,000.				INDIANAPOLIS BAIL FU
2 Enter total number of section 501(c)(3) and	0	0					
3 Enter total number of other organizations list	ed in the line	e 1 table				<u></u>	

SCHEDULE I ((Form 990) Go		омв №. 1545-0047 20 19							
-		-	wered "Yes" on F tach to Form 990		, 1116 21 01 22.		Open to Public		
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/	Form990 for the l	atest informatior).		Inspection		
Name of the organization						Employer identificat	ion number		
CENTRAL INDIANA COMMUNITY FOUNDATI	ON INC					35-179368	30		
Part I General Information on Grants and	Assistanc	e							
1 Does the organization maintain records to su	bstantiate th	ne amount of the	grants or assista	nce, the grantees	' eligibility for the grant	s or assistance. and			
the selection criteria used to award the grants			-	-			X Yes No		
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,									
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.									
		-		•	•				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) THE 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 IHCDA 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	4								
P.O. BOX 6134 INDIANAPOLIS, IN 46206-6134	237016089	501(C)(3) PUBLI	393,634.				2019 DISTRIBUTION		
2 Enter total number of section 501(c)(3) and g		0							
3 Enter total number of other organizations listed in the line 1 table									

		Grants and Other Assistance to Organizations,					-	OMB No. 1545-0047
(Form 990) Governments, and Individuals in the United States							2019	
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury								Open to Public
Internal Revenue Service Contract Service Contract Service Contra								Inspection
Name of the organization							Employer identification number 35-1793680	
								80
	nformation on Grants and							
	zation maintain records to su						s or assistance, and	
the selection criteria used to award the grants or assistance? No								
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.								
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,								
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name and address of organization or government		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE 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.		331871010	501(C/(S/ POBL1	10,000.				ACCESSIBILITI PLAN P
2011 N. MERIDIAN ST. INDIANAPOLIS, IN 46202		351346514	501(C)(3) PUBLI	26,200.				TO BE USED AT THE OF
(3) THE LEARNING ALLIANCE		331340314	501(C/(S/ POBL1	20,200.				TO BE USED AT THE OF
(3) THE BEARWING ADDIANCE P.O. BOX 643446 VERO BEACH, FL 32964-3446		270725986	501(C)(3) PUBLI	11,000.				TO BE USED AT THE OF
(4) THE LUGAR CENTER		270723300	501(0)(5) 10000	11,000.				
1455 PENNSYLVANIA AVE., NW		461706566	501(C)(3) PUBLI	50,000.				GENERAL OPERATING SU
(5) THE MANNA FOOD PROJECT		401700500	501(0)(5) 10000					GENERAL OFERATING SC
(5) THE MANNA FOOD PROJECT 8791 MCBRIDE PARK CT.		382764533	501(C)(3) PUBLI	8,500.				TO BE USED AT THE OF
(6) THE MIND TRUST		502701555		0,500.				
1630 N. MERIDIAN ST. INDIANAPOLIS, IN 46202		204560286	501(C)(3) PUBLI	250,000.				THE MIND TRUST HIGH
(7) THE NATURE CONSERVANCY IN INDIANA		201300200		250,000.				
620 E. OHIO ST. INDIANAPOLIS, IN 46202-2418		530242652	501(C)(3) PUBLI	58,221.				TO BE USED AT THE OF
(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
2 Enter total numb	per of section 501(c)(3) and	government	organizations lis	ted in the line 1 tat	ble			
	per of other organizations list	0	0					
	3						,	

SCHEDULE I	(Grants a	nd Other A	ssistance t	o Organiza	ations,		OMB No. 1545-0047
(Form 990)	Go	overnme	nts, and In	dividuals in	n the Unite	d States		2019
	Com	olete if the o	rganization answ	wered "Yes" on F	orm 990. Part IV	. line 21 or 22.		
Department of the Treesury			-	tach to Form 990		,		Open to Public
Department of the Treasury Internal Revenue Service		► Go	to www.irs.gov/	Form990 for the l	atest information	ı.		Inspection
Name of the organization			_				Employer identificat	ion number
CENTRAL INDIANA	COMMUNITY FOUNDATI	LON INC					35-17936	30
Part I General Ir	nformation on Grants and	d Assistand	e					
1 Does the organiz	zation maintain records to si	ubstantiate tl	ne amount of the	grants or assista	nce, the grantees	s' eligibility for the grant	s or assistance. and	
	eria used to award the grant							X Yes No
	IV the organization's proceed							
Part II Grants an	d Other Assistance to D	omestic Or	anizations an	d Domestic Gov	vernments Con	nlete if the organiz	ation answered "	es" on Form 990
	ne 21, for any recipient the							c3 011 0111 000,
Fait IV, III								
	d address of organization 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 I	NDIANA, INC.							
3833 N. MERIDIAN	ST.	351708240	501(C)(3) PUBLI	11,000.				TO BE USED AT THE OF
(2) TRINITY HAVEN INC								
3561 N. PENNSYLVA	NIA ST.	825358554	501(C)(3) PUBLI	155,750.				TO BE USED AT THE OF
(3) TURNING POINT/COL	UMBUS REGIONAL SHELTER							
P.O. BOX 103 COLU	MBUS, IN 47202-0103	310993447	501(C)(3) PUBLI	20,250.				GENERAL OPERATING
(4) UNITED CEREBRAL P	ALSY ASSOCIATION OF GRE							
	. INDIANAPOLIS, IN 46278	350995988	501(C)(3) PUBLI	82,255.				2019 DISTRIBUTION
(5) UNITED WAY OF CEN	TRAL INDIANA							
2955 N MERIDIAN S	T. INDIANAPOLIS, IN 46208	351007590	501(C)(3) PUBLI	135,000.				ANNUAL CAMPAIGN SUPP
(6) UNIVERSITY OF EVAL	NSVILLE	_						
1800 LINCOLN AVE.	EVANSVILLE, IN 47722	350868074	501(C)(3) PUBLI	12,000.				LECTURE SERIES, GALL
(7) UNIVERSITY OF KEN	TUCKY	_						
	LEXINGTON, KY 40506-0119	616001218	EDUCATIONAL ORG	6,000.				UNIVERSITY OF KENTUC
(8) UNIVERSITY OF MIC	HIGAN	_						
	TURE, SCIENCE & ARTS	386006309	501(C)(3) PUBLI	25,000.				EMERGING ARTIST IN F
	THERN INDIANA FOUNDATION	_						
	LVD. EVANSVILLE, IN 47712	237042320	501(C)(3) PUBLI	127,000.				CAPITAL CAMPAIGN
(10) URBAN LAND INSTIT		_						
	. INDIANAPOLIS, IN 46220	530159845	501(C)(3) PUBLI	5,625.				FAR EASTSIDE TECHNIC
	Y PRESERVATION ASSOCIATION	_						
	SPENCER, IN 47460	351963871	501(C)(3) PUBLI	10,000.				VANDALIA METHODIST E
\/	PRESCHOOL SERVICES - INDI	-						
	NDIANAPOLIS, IN 46208	611061973	501(C)(3) PUBLI		l			TO BE USED AT THE OR
	er of section 501(c)(3) and	0	0					
3 Enter total numb	er of other organizations list	ted in the line	e 1 table				<u></u>	

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

Schedule I (Form 990) (2019)

			ssistance t	•		-	OMB No. 1545-0047
		•					2019
		-	wered "Yes" on F tach to Form 990		, iine 21 of 22.		Open to Public
Department of the Treasury Internal Revenue Service	► Go		<i>Form990</i> for the l		L.		Inspection
Name of the organization	,	<u></u>				Employer identifica	
CENTRAL INDIANA COMMUNITY FOUNDATI	ON INC					35-17936	80
Part I General Information on Grants and		e					
1 Does the organization maintain records to su	ubstantiate th	ne amount of the	grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant			-	-			X Yes No
2 Describe in Part IV the organization's proceed							
Part II Grants and Other Assistance to D		•	•		nlete if the organiz	ation answered "	Ves" on Form 990
Part IV, line 21, for any recipient th		-					163 011 0111 330,
	1		1	•			
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 OF
(6) WHEELER MISSION MINISTRIES							
205 E. NEW YORK ST. INDIANAPOLIS, IN 46204	350888771	501(C)(3) PUBLI	54,950.				TO BE USED AT THE OF
(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 OF
(10) YMCA OF GREATER INDIANAPOLIS							
615 N. ALABAMA ST. INDIANAPOLIS, IN 46204	350868211	501(C)(3) PUBLI	558,400.				TO BE USED AT THE OF
(11) YOUNG ACTORS THEATRE							
401 E. MICHIGAN ST. INDIANAPOLIS, IN 46204	351556468	501(C)(3) PUBLI	12,500.				TO BE USED AT THE OF
(12) YOUNG LIFE CHESAPEAKE	4						
335 CENTERVILLE TPKE S	840385934	501(C)(3) PUBLI	15,918.				STAFFING, CAMPS AND
2 Enter total number of section 501(c)(3) and	-	-					
3 Enter total number of other organizations list	ed in the line	e 1 table				<u> </u>	

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

Schedule I (Form 990) (2019)

SCHEDULE I (Form 990)				Assistance t Idividuals in			-	омв No. 1545-0047 20 19
	Comp	olete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury	-		► At	tach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov/	<i>Form990</i> for the I	atest informatior).		Inspection
Name of the organization							Employer identificat	on number
CENTRAL INDIANA	A COMMUNITY FOUNDATI	ON INC					35-179368	30
Part I General I	nformation on Grants and	d Assistanc	е					
 Does the organi 	zation maintain records to su	ubstantiate th	ne amount of the	grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection crit	eria used to award the grant	s or assistanc	xe?					X Yes No
2 Describe in Part	IV the organization's proced	lures for mor	nitoring the use of	of grant funds in the	e United States.			
Part II Grants a	nd Other Assistance to D	omestic Or	ganizations an	d Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
	ne 21, for any recipient th		-			•		
	d address of organization 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	1							
~/	T. BEAVERCREEK, OH 45432	840385934	501(C)(3) PUBLI	35,918.				BEAVERCREEK CHAPTER
(2) YOUTH GLOBAL PERS								
	AVE. INDIANAPOLIS, IN 46208	811718967	501(C)(3) PUBLI	10,000.				GENERAL OPERATING SU
(3)		_						
(4)								
(5)		-						
(6)		_						
(7)								
(8)								
(9)		_						
(10)		_						
(11)		-						
(12)		-						
	per of section 501(c)(3) and goer of other organizations list	0	0					386.
	on Act Notice, see the Instructi							edule 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
GRANTS TO ATTEND U.S. UNIVERSITIES	89.	923,863.			
2					
3					
4					
5					
6					
-					

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.

(Fori	EDULE J m 990) nent of the Treasury Revenue Service	For certain Officers, Dire Cor ► Complete if the organizatio	ISation Information ectors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990. 990 for instructions and the latest information.	23.	OMB No. 20 Open to Insp	19	olic
Name	of the organization			Employer identificati			
CENT	TRAL INDIA	NA COMMUNITY FOUNDATION INC	2	35-179368	0		
Part	Question	s Regarding Compensation					
1a			ovided any of the following to or for a pers provide any relevant information regarding		n 📃	Yes	No
		ss or charter travel	Housing allowance or residence for				
		or companions	Payments for business use of perso	•			
		emnification and gross-up payments	Health or social club dues or initiation				
		onary spending account	Personal services (such as maid, ch				
		Shary spending account		auneur, cher)			
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	plete Part III to	5		
2			to reimbursing or allowing expenses				
2	-		D/Executive Director, regarding the items	-			
				Checked on him	2		
2					-		
3	organization's	CEO/Executive Director. Check all that	on used to establish the compensation of at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P	ds used by a			
	X Comper	nsation committee	Written employment contract				
	X Indepen	dent compensation consultant	X Compensation survey or study				
	X Form 99	00 of other organizations	X Approval by the board or compensa	tion committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а	Receive a sev	verance payment or change-of-control pa	ayment?		4a		Х
b	Participate in	, or receive payment from, a suppleme	ntal nonqualified retirement plan?		4b		Х
С	Participate in	, or receive payment from, an equity-ba	ased compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and pr	rovide the applicable amounts for each it	em in Part III.			
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	rganizations must complete lines 5-9.				
5		listed on Form 990, Part VII, Sectin contingent on the revenues of:	on A, line 1a, did the organization pa	ly or accrue an	y		
а	The organizat	ion?			5a		X
					5b		Х
	If "Yes" on lin	e 5a or 5b, describe in Part III.					
6		listed on Form 990, Part VII, Sectin contingent on the net earnings of:	on A, line 1a, did the organization pa	ly or accrue an	y		
а	The organizat	ion?			6a		X
b	Any related o	rganization?			6b		X
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization provescribe in Part III				x
8	Were any am	ounts reported on Form 990, Part VII,	paid or accrued pursuant to a contract the	at was subject			
		-	Regulations section 53.4958-4(a)(3)? If				x
0			low the rebuttable presumption proced				Λ
9							
	iveguiations s	ection 53.4958-6(C)?			9		L

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.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
BRIAN E. PAYNE	(i)	204,542.	0.	0.	13,794.	11,573.	229,909.	0.
1 ^{PRESIDENT AND CEO}	(ii)	230,654.	0.	0.	15,555.	13,051.	259,260.	0.
JENNIFER K. BARTENBACH	(i)	129,409.	0.	0.	10,172.	278.	139,859.	0.
2 ^{CHIEF FINANCIAL OFFICER}	(ii)	97,624.	0.	0.	7,674.	210.	105,508.	0.
ROBERT A. MACPHERSON	(i)	107,449.	0.	0.	25,412.	18,366.	151,227.	0.
3 ^{VP OF DEVELOPMENT}	(ii)	65,856.	0.	0.	15,575.	11,257.	92,688.	0.
TAMARA WINFREY-HARRIS	(i)	78,367.	0.	0.	6,802.	10,148.	95,317.	0.
4 OF COMMUNITY LEADERSHIP	(ii)	52,244.	0.	0.	4,534.	6,765.	63,543.	0.
JENNIFER POPE BAKER	(i)	138,247.	0.	0.	29,104.	8,432.	175,783.	0.
5 EXEC. DIRECTOR OF WOMEN'S FUND	(ii)	0.	0.	0.	0.	0.	0.	0.
BRENDA K. DELANEY	(i)	65,979.	0.	0.	15,207.	9,320.	90,506.	0.
6 ^{CONTROLLER}	(ii)	45,849.	0.	0.	10,568.	6,478.	62,895.	0.
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

2019 Open to Public Inspection

Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

Employer identification number 35-1793680

Par	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	Method o noncash con			,
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		24.	1,463,238.	FMV ON DA	ATE R	ECE	IVE
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
••	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
10	contribution - Historic							
	structures .							
14	Qualified conservation							
14	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 ►() Other ►()							
20	Other ►() Other ►()							
	Other ►()							
	Number of Forms 8283 received	by the ora-	anization during the tax w	ear for contributions for				
23	which the organization completed F				29			
	which the organization completed i	0111 0200,	art iv, bonee / eknowledg		[Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I line	s 1 through			
	28, that it must hold for at least the				-			
	to be used for exempt purposes for	•				30a		Х
h	If "Yes," describe the arrangement i							
	Does the organization have a		ance policy that require	as the review of any	nonstandard			
	contributions?					31	Х	
322	Does the organization hire or use							
JZd	contributions?	-				32a		Х
h	If "Yes," describe in Part II.							
	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked			

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

describe in Part II.

Schedule M (Form 990) 2019

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

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.



Name of the organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

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

Schedule O (Form 990 or 990-EZ) 2019					
Name of the organization	Employer identification number				
CENTRAL INDIANA COMMUNITY FOUNDATION INC	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 9CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT\$ (20,781)CHANGE IN DEFINED BEENFIT PENSION PLAN(394,117)TRANSFERS AND OTHER EXCHANGES(34,930)

PAGE 81

amo of the organization		Page 2
ame of the organization CENTRAL INDIANA COMMUNITY FOUNDATION IN(Employer identification number 35-1793680
ENTRAL INDIANA COMMONITI FOUNDATION IN		33 173000
	t (440,000)	
'OTAL:	\$ (449,828)	ATTACHMENT 1
ORM 990, PART III, LINE 4D - OTHER PRO	GRAM SERVICES	
DESCRIPTION	GRANTS	EXPENSES REVENUE
PERATING SUPPORT INCOME		578,64
TOJ	TALS	578,64
	A	FTACHMENT 2
90, PART VII- COMPENSATION OF THE FIVE	HIGHEST PAID IND. CONTRACTOR	S
AME AND ADDRESS	DESCRIPTION OF SER	VICES <u>COMPENSATION</u>
KD, LLP	ACCOUNTING SERVIC	ES 132,444.
	ACCOUNTING SERVIC	ES 132,444.
KD, LLP O BOX 44998 NDIANAPOLIS, IN 46244	ACCOUNTING SERVIC	ES 132,444.
O BOX 44998 NDIANAPOLIS, IN 46244		
D BOX 44998 NDIANAPOLIS, IN 46244 NVISTA TECHNOLOGY SOLUTIONS	ACCOUNTING SERVIC	ES 132,444. 226,974.
O BOX 44998		
D BOX 44998 NDIANAPOLIS, IN 46244 NVISTA TECHNOLOGY SOLUTIONS 1555 N MERIDIAN ST ARMEL, IN 46032	IT SERVICES	226,974.
D BOX 44998 NDIANAPOLIS, IN 46244 NVISTA TECHNOLOGY SOLUTIONS 1555 N MERIDIAN ST ARMEL, IN 46032 DG STRATEGIES, LLC		226,974.
D BOX 44998 NDIANAPOLIS, IN 46244 NVISTA TECHNOLOGY SOLUTIONS 1555 N MERIDIAN ST ARMEL, IN 46032 DG STRATEGIES, LLC 931 E. 79TH ST.	IT SERVICES	226,974.
D BOX 44998 NDIANAPOLIS, IN 46244 NVISTA TECHNOLOGY SOLUTIONS 1555 N MERIDIAN ST ARMEL, IN 46032 DG STRATEGIES, LLC 931 E. 79TH ST. NDIANAPOLIS, IN 46240	IT SERVICES CONSULTING SERVIC	226,974. ES 147,482.
D BOX 44998 NDIANAPOLIS, IN 46244 NVISTA TECHNOLOGY SOLUTIONS 1555 N MERIDIAN ST ARMEL, IN 46032 DG STRATEGIES, LLC 931 E. 79TH ST. NDIANAPOLIS, IN 46240	IT SERVICES	226,974. ES 147,482.
D BOX 44998 NDIANAPOLIS, IN 46244 NVISTA TECHNOLOGY SOLUTIONS 1555 N MERIDIAN ST ARMEL, IN 46032 DG STRATEGIES, LLC 931 E. 79TH ST.	IT SERVICES CONSULTING SERVIC	226,974. ES 147,482.
D BOX 44998 NDIANAPOLIS, IN 46244 NVISTA TECHNOLOGY SOLUTIONS 1555 N MERIDIAN ST ARMEL, IN 46032 DG STRATEGIES, LLC 031 E. 79TH ST. NDIANAPOLIS, IN 46240 NFLUENCE SG 40 E 82ND ST NDIANAPOLIS, IN 46240	IT SERVICES CONSULTING SERVIC CONSULTING SERVIC	226,974. ES 147,482. ES 290,641.
D BOX 44998 NDIANAPOLIS, IN 46244 NVISTA TECHNOLOGY SOLUTIONS 1555 N MERIDIAN ST ARMEL, IN 46032 DG STRATEGIES, LLC 931 E. 79TH ST. NDIANAPOLIS, IN 46240 NFLUENCE SG 40 E 82ND ST	IT SERVICES CONSULTING SERVIC	226,974. ES 147,482.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

CENTRAL INDIANA COMMUNITY FOUNDATION INC

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)					
_(0)					
(4)					
(5)					
(6)					

Part II

JSA

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	contr	512(b)(13)
							Yes	No
(1) THE INDIANAPOLIS FOUNDATION, INC.	45-4618430							
615 N. ALABAMA ST., STE 300 II	NDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)3	7	CICF	X	
(2) INDIANAPOLIS PARKS FOUNDATION INC.	35-1860468							
615 N. ALABAMA ST., STE 300 II	NDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)3	12A, I	CICF	X	
(3) THE WILLIAM E. ENGLISH FOUNDATION	35-0929970							
615 N. ALABAMA ST., STE 300 II	NDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)3	12A, I	INDPLS FDN		Х
(4) NEXTECH.ORG, INC.	45-3362871							
615 N. ALABAMA ST., SUITE 300 II	NDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)3	PF	CICF	X	
(5) MCCAW FAMILY FOUNDATION, INC.	35-2057394							
	NDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)3	12A, I	CICF	X	
(6) THE DISTRICT THEATRE, INC.	35-1747371							
	NDIANAPOLIS, IN 46204	CHARITABLE	IN	501(C)3	10	CICF	X	ĺ
(7)								
		1						ĺ

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

Schedule R (Form 990) 2019



35-1793680

Schedule R (Form 990) 2019

Page **2**

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.

	(-)	-	-				()		-)	(1)		(I)	(1-)
	(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	Disprop alloca	tions?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	(j) eral or aging tner?	(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)		(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) Sectio 512(b)(control entity
								Yes N
(1) CHARITABLE REMAINDER TRUST (7)								
	CRUT	IN	N/A					х
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2019

Part	Transactions With Related Organizations. Complete if the organization answered "Ye	s" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Not	e: 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 r	elated organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
					1f		Х
t	Dividends from related organization(s)				1g		X
g L	Sale of assets to related organization(s)				1h		X
n i	Purchase of assets from related organization(s) Exchange of assets with related organization(s).				1i		X
;	Lease of facilities, equipment, or other assets to related organization(s).				1j	Х	
J							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
Ĩ	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p	X	
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
						37	
	Other transfer of cash or property to related organization(s)				1r	X X	
<u></u>	Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete t	hia lina, including acu	ared relationships and transp	otion thro	1s		
2		(b)	(c)		(d)	э.	
	Name of related organization	Transaction	Amount involved	Method	of dete		g
		type (a-s)		amol	unt invo	oivea	
(1)	THE INDIANAPOLIS FOUNDATION, INC.	В	225,600.	FMV			
(2)	INDIANAPOLIS PARKS FOUNDATION	В	70,250.	FMV			
(a)		W (D	110 001				
(3)	THE WILLIAM E ENGLISH FOUNDATION	K/P	113,771.	FMV			
(1)		N	66 707	FMV			
(4)	THE INDIANAPOLIS FOUNDATION, INC.	TN	66,737.	r MV			
			1				

Ν

0

Schedule R (Form 990) 2019

FMV

FMV

726,173.

1,881,366.

(6) JSA

(5)

THE WILLIAM E ENGLISH FOUNDATION

Part	7 Transactions With Related Organizations. Complete if the organization answered "Ye	es" 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	s No
1	During the tax year, did the organization engage in any of the following transactions with one or more i	related organizations liste	ed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1	a	
	Gift, grant, or capital contribution to related organization(s)			· · · · · ⊢	b	
	Gift, grant, or capital contribution from related organization(s)				C	_
	oans or loan guarantees to or for related organization(s)					_
e	oans or loan guarantees by related organization(s)			1	e	
f	Dividends from related organization(s)			· · · · · ⊢	f	
	Sale of assets to related organization(s)				g	_
h l	Purchase of assets from related organization(s)			· · · · · ⊢	h	_
	Exchange of assets with related organization(s).			· · · · ·	i	
j I	ease of facilities, equipment, or other assets to related organization(s).			1	j	_
	ease of facilities, equipment, or other assets from related organization(s)			· · · · · ⊢	k	_
11	Performance of services or membership or fundraising solicitations for related organization(s)				1	_
m l	Performance of services or membership or fundraising solicitations by related organization(s).				m	_
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				_	
0	Sharing of paid employees with related organization(s)			1	0	_
					-	
-	Reimbursement paid to related organization(s) for expenses				p T	
q	Reimbursement paid by related organization(s) for expenses			· · · · · 1	q	
					-	
	Other transfer of cash or property to related organization(s)			· · · · · ⊢	r s	
2	Other transfer of cash or property from related organization(s). f the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line including cover	ed relationships and trans	action thresh	-	
	(a)	(b)	(c)	(d		
	Name of related organization	Transaction type (a-s)	Amount involved	Method of c amount	letermir	
(1)	THE WILLIAM E ENGLISH FOUNDATION	0	275,069.	FMV		
(2)	NEXTECH.ORG, INC.	0	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)						
		· ·	Sc	hedule R (For	m 990) 2019

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.

(state or foreign income (related, se country) unrelated, secuded 50° from tax under organ		organizations?			(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		ownership		
		sections 512-514)	Yes	No			Yes	No	(1 0 1000)	Yes	No	
	_											
	_											
	_											
	_											
	_											
	_											
	_											
	_											
	_											
	_											
	_											
		(state or foreign country)	(state or foreign country) income (related, from tax under sections 512-514)	(state or foreign country) (state or foreign inrelated, excluded from tax under sections 512-514) 501 organize sections yes	(state or foreign country) incelated, excluded from tax under sections 512-514) Section 501(103) gamazions? Yes	(state or foreign uncleaked, excluded from tax under exclusions 5 12:51n) Solicity inclusions 7 (state or foreign uncleaked, excluded from tax under exclusions 5 12:51n) Void No	(state or foreign country) income (related, particular) isotrome particular isotrome particular isotrome particular isotrome particular isotrome particular Image: State or foreign country) Image: State or foreign particular Image: State or foreign particular	Instant Instant	Income (related or brown) I	$\left \begin{array}{c c c c c c c c c c c c c c c c c c c $	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	$ \left \begin{array}{c c c c c c c c c c c c c c c c c c c $

Schedule R (Form 990) 2019

Page **4**

Schedule R (Form 990) 2019

 Part VII
 Supplemental Information

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

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

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.

T	Name of exempt organization or other filer, see	instructions.		Taxpayer identification number (TIN	
Type or					
print	CENTRAL INDIANA COMMUNITY FOU	JNDATION	INC	35-1793680	
ile by the	Number, street, and room or suite no. If a P.O. b	ox, see instru	ctions.	I	
lue date for iling your	615 NORTH ALABAMA STREET 300				
eturn. See	City, town or post office, state, and ZIP code. For				
nstructions.	INDIANAPOLIS, IN 46204				
- -nter the R	Return Code for the return that this application	n is for (file	a separate application f	or each return)	0 1
Applicatior	1	Return	Application		Return
ls For		Code	Is For		Code
- orm 990 o	or Form 990-EZ	01	Form 990-T (corporat	ion)	07
-07m 990-E	3L	02	Form 1041-A		08
orm 4720-	(individual)	03	Form 4720 (other that	n individual)	09
Form 990-F	PF	04	Form 5227		10
-090 -	Г (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990- ⁻	Γ (trust other than above)	06	Form 8870		12
	JENNIFER K. BAH	RTENBACH			
. T IL . I	ks are in the care of ▶ 615 N. ALABAMA	ST. STE	300 INDIANAPOLT	S IN 46204	
Ine boo		01/011	2000 THDTHHHH OTT	5 11 10201	

	Telephone No. 🕨	317 634	1-2423	Fax No. 🕨		
•	If the organization	does not ha	ive an office or place of	of business in the United States	s, check this box	· · · · · ▶ □
•	If this is for a Grou	p Return, en	nter the organization's	four digit Group Exemption Nur	nber (GEN)	. If this is
fo	r the whole group,	check this b	oox ►	. If it is for part of the group, cl	heck this box	and attach
а	list with the names	and TINs of	f all members the exter	nsion 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 organ	nization's return f	or:	

	▶ X 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:	'n		
	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
С	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
Caut	ion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and For	n 88	79-E	O for payment
instru	uctions.			

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

Form 8868 (Rev. 1-2020)

Form 99	0-т	Ex	empt Organization (and proxy tax					n	OMB No. 1545-0047
		For cale	ndar year 2019 or other tax year begin			•		<u>19</u> .	2019
Department of the			► Go to www.irs.gov/Form990						
Internal Revenue		► Do	not enter SSN numbers on this form a						Open to Public Inspection for 501(c)(3) Organizations Only
	k box if ss changed		Name of organization (Check bo	ox if nar	me changed and see inst	tructions	5.)		yer identification number yees' trust, see instructions.)
B Exempt unde		Duint	CENTRAL INDIANA COM			J INC	2	0 - 1 -	
X 501(C	ŕ ŕ	Print or	Number, street, and room or suite no. I	faP.O	. box, see instructions.		-		793680
408(e)	220(e)	Туре	615 NORTH ALABAMA ST	┎고┎┎	Ψ		300		ated business activity code structions.)
408A 529(a)	530(a)		City or town, state or province, country			<u>,</u>	300		
C Book value o	of all assets		INDIANAPOLIS, IN 462					52599	90
at end of yea	ır	F Gro	up exemption number (See instructi		•		I		
447,971	1,651.	G Che	ck organization type X 501	(c) co	rporation	501(c)	trust	401(a)	trust Other trust
			nization's unrelated trades or busine	sses.	2		Describe	the only	(or first) unrelated
trade or bu	usiness her	e ►PAR	TNERSHIP INCOME		If only	/ one, o	complete Parts I-	V. If more	e than one, describe the
first in the	e blank spa	ce at the	end of the previous sentence, cor	nplete	Parts I and II, comple	ete a So	chedule M for eac	h addition	al
	,	·	ete Parts III-V.						
-			corporation a subsidiary in an affili	-		diary c	ontrolled group?	• • • •	▶ Yes X No
			identifying number of the parent con NNIFER K. BARTENBACH	rporatio		onhon	e number 🕨 31'	7-634-	.2423
			or Business Income		(A) Income	ephone	(B) Expense		(C) Net
1a Gross r									
	rns and allowa		c Balance ►	1c					
			ule A, line 7)	2					
			2 from line 1c	3					
4a Capital	gain net ir	ncome (a	ttach Schedule D)	4a	51,6	08.			51,608.
b Net gai	n (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b					
c Capital	loss dedu	ction for t	rusts	4c					
			an S corporation (attach statement)	5	-989,7	60.	ATCH 1		-989,760.
				6					
			come (Schedule E)	7					
			nts from a controlled organization (Schedule F)						
			1(c)(7), (9), or (17) organization (Schedule G)	9 10					
			ncome (Schedule I)	10					
	-	-	tions; attach schedule)	12					
			ough 12		-938,1	52.			-938,152.
Part II D	eductio	ns Not	Taken Elsewhere (See instr ne unrelated business incom	uctic	ons for limitations	on d	eductions.) (D	eductio	ons must be directly
			directors, and trustees (Schedule K)					. 14	19,616.
									24,638.
18 Interes	t (attach s	chedule)	(see instructions)					. 18	
								. 19	1,096.
			4562)						
			on Schedule A and elsewhere on re					21b	
			compensation plans						8,648.
									0,040.
			Schedule I) chedule J)						
			chedule)						44,714.
			s 14 through 27						98,712.
			le income before net operating						-1,036,864.
			g loss arising in tax years beginnir						
			e income. Subtract line 30 from line	29 .	<u></u> .			. 31	-1,036,864.
For Paperwo	ork Reduct	ion Act N	lotice, see instructions.						Form 990-T (2019)

	990-T (20	,				Page
Part		Total Unrelated Business Taxable Income				
		of unrelated business taxable income computed from all unrelated trades or b				
	instructi	ions)		. 32		14
33	Amount	s paid for disallowed fringes		33		
		ble contributions (see instructions for limitation rules)				
		nrelated business taxable income before pre-2018 NOLs and specific deduction				
	34 from	the sum of lines 32 and 33		. 35		14
6	Deduction	on for net operating loss arising in tax years beginning before January	1, 2018 (se	e		
	instructi	ions)		36		14
37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35		37		
88	Specific	deduction (Generally \$1,000, but see line 38 instructions for exceptions)		. 38		
39	Unrelate	ed business taxable income. Subtract line 38 from line 37. If line 38 is greated	r than line 3	7,		
	enter the	e smaller of zero or line 37		. 39		
Part	t IV	Tax Computation				
0	Organiz	ations Taxable as Corporations. Multiply line 39 by 21% (0.21)		.► 40		
1	Trusts	Taxable at Trust Rates. See instructions for tax computation. Inc	ome tax c	on 🛛		
	the amo	ount on line 39 from: Tax rate schedule or Schedule D (Form 1041).		▶ 41		
2	Proxy ta	ax. See instructions		▶ 42		
	-	ive minimum tax (trusts only).				
		Noncompliant Facility Income. See instructions				
		dd lines 42, 43, and 44 to line 40 or 41, whichever applies				
Part		Tax and Payments				
		tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a				
	Ũ	redits (see instructions).				
		I business credit. Attach Form 3800 (see instructions)				
		or prior year minimum tax (attach Form 8801 or 8827).				
		edits. Add lines 46a through 46d		46e		
		t line 46e from line 45				
8	Other tax	kes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Othe	r (attach schodul	e) 48		
		x. Add lines 47 and 48 (see instructions)			<u> </u>	
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		. 50	[
	-	the standard for a second standard for the standard for t				
		stimated tax payments				
		osited with Form 8868				
	-	organizations: Tax paid or withheld at source (see instructions)				
		withholding (see instructions)				
		or small employer health insurance premiums (attach Form 8941)				
g		redits, adjustments, and payments: Form 2439				
		orm 4136 Other Total ▶ 51g				
	-	ayments. Add lines 51a through 51g		. 52		
53	Estimate	ed tax penalty (see instructions). Check if Form 2220 is attached	▶∟	53		
54	Tax due	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		. 🕨 54		
55	Overpay	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		▶ 55		
		e amount of line 55 you want: Credited to 2020 estimated tax	Refunded			
Part	t VI	Statements Regarding Certain Activities and Other Information	(see instruct	tions)		
57	At any	time during the 2019 calendar year, did the organization have an interest in o	r a signature	or other	authority Y	′es I
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the	e organization	may ha	ve to file	
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	e name of t	he foreig	n country	
	here 🕨					Σ
58	During t	the tax year, did the organization receive a distribution from, or was it the grantor of, or tra-	ansferor to, a f	oreign trus	st?	Х
	lf "Yes,"	see instructions for other forms the organization may have to file.				
59	Enter th	e amount of tax-exempt interest received or accrued during the tax year > \$				
		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta		he best of r	ny knowledge and	d belief,
Sign	tru	ie, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	any knowledge.	Move the	IDS discuss th	nio ret
lere		11/15/2020 EXECUTIVE VP	AND CFO		IRS discuss th preparer show	
		ignature of officer Date Title		(see instruct		
		Print/Type preparer's name Preparer's signature Date		book	if PTIN	
Paid			F (0000	heck L i elf-employe		9475
Prep	arer	Firm's name BKD, LLP	-		44-01602	
Jse	Only	Firm's address > 201 N. ILLINOIS STREET, INDIANAPOLIS, IN 462			17.383.40	
SA						
iA ∣1.00	0				Form 990)-T (

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Form 990-T (2019)								Page 3
Schedule A - Cost of Goods Sold. E	nter method	of inventory valuat	ion 🕽	•				
1 Inventory at beginning of year 1		6 Inver	tory a	at end of yea	ar	6		
2 Purchases 2					ld. Subtract line			
3 Cost of labor 3		6 fro	m lin	ie 5. Enter	here and in Part			
4a Additional section 263A costs		I, line	2.			7		
(attach schedule) 4a					section 263A (w	ith respec	t to Yes	No
b Other costs (attach schedule) 4b		prope	erty	produced	or acquired for	resale) a	apply	
5 Total. Add lines 1 through 4b 5		to the	e orga	nization?	<u></u>			Х
Schedule C - Rent Income (From Real I	Property ar	d Personal Prop	erty	Leased V	Vith Real Proper	'ty)		
(see instructions)			•		•	• ·		
1. Description of property								-
(1)								-
(2)								
(3)								-
(4)								-
2. Rent rece	ived or accrue	d						
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	percenta	om real and personal pro ge of rent for personal p if the rent is based on p	operty	exceeds	3(a) Deductions di in columns 2(a			
(1)								
(2)								
(3)								
(4)								
Total	Total							
(c) Total income. Add totals of columns 2(a) and 2 here and on page 1, Part I, line 6, column (A).	. ,				(b) Total deductio Enter here and on Part I, line 6, colun	page 1,		
Schedule E - Unrelated Debt-Financed	Income (se	e instructions)						
1. Description of debt-financed property		2. Gross income from allocable to debt-finan			Deductions directly con debt-finance	ed property		
		property	oou		nt line depreciation ch schedule)		er deductions ch schedule)	
(1)								
(2)								
(3)								
(4)								
4. Amount of average 5. Average adj acquisition debt on or of or alloc allocable to debt-financed debt-financed property (attach schedule) (attach sch	able to I property	6. Column 4 divided by column 5			income reportable n 2 x column 6)	(column 6	able deduction x total of colur) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					e and on page 1, e 7, column (A).	Enter here Part I, line	e and on pag e 7, column (је 1, (В).
Totals Total dividends-received deductions included in a			.►[<u></u>				

Form **990-T** (2019)

Schedule F – Interest, Ann	uities, Royalties	s, and Re	ents Fre	om Contro	lled O	rganiza	t ions (se	e instruct	ions)		
				ontrolled Org					·		
1. Name of controlled organization	2. Employer identification numb		3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made 5. Part of column 4 the included in the control organization's gross included in the control organi		6. Deductions directly connected with income in column 5						
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organia	zations				•						
7. Taxable Income	8. Net unrelated in (loss) (see instruct			Total of specifie		includ	rt of column ed in the co zation's gros	ntrolling		1. Deductions directly nected with income in column 10	
(1)											
(2)											
(3)											
(4)											
Totals	<u> </u>					Enter Part I	columns 5 a here and on , line 8, colu	page 1, mn (A).	Ent	dd columns 6 and 11. ter here and on page 1, rt I, line 8, column (B).	
Schedule G-Investment II		tion 501	<u>(c)(7),</u>	(9), OI (17 3. Deduc		mzatior				5. Total deductions	
1. Description of income	2. Amount of	income		directly cor (attach sch	nnected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4)	Enter here and		_							Enter here and an name 1	
	Enter here and o Part I, line 9, co									Enter here and on page 1, Part I, line 9, column (B).	
Totals											
Schedule I-Exploited Exe	mpt Activity In	come, Ot	her Th	an Advert	i <mark>sing I</mark> r	ncome (see instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe direc connecte product unrela business	tly ed with ion of ited	4. Net incom from unrelat or business 2 minus col If a gain, co cols. 5 thro	ed tradé (column umn 3). ompute	5 Gross incomo		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 page 1, line 10, c	Part I,							Enter here and on page 1, Part II, line 25.	
Totals ► Schedule J- Advertising Ir	Come (see instru	uctions)									
Part I Income From Per			Consol	idated Bas	sie						
			5011301		515						
1. Name of periodical	2. Gross advertising income	3. Dir advertisin		4. Adverting ain or (los 2 minus co a gain, co cols. 5 thro	ss) (col. ol. 3). If mpute		culation come	6. Read cos		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))											

Form 990-T (2019)

Part II Income From Pe 2 through 7 on a			rate Basis (For e	each periodica	l listed in Part I	I, fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	on of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1. Name		2. Title		3. Percent of time devoted to business	 Compensation unrelated 	
(1)				%		
(2)				%		
(3)				%		
(4)				%		

Total. Enter here and on page 1, Part II, line 14

Form **990-T** (2019)

JSA						
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9X2

Unrelated Business Taxable Income from	an
Unrelated Trade or Business	

OMB No. 1545-0047

20 q

01/01 , 2019, and ending 12/31 .20 19 For calendar year 2019 or other tax year beginning ► 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

Employer identification number

35-1793680

Name of the organization CENTRAL INDIANA COMMUNITY FOUNDATION INC

SCHEDULE M

(Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Activity Code (see instructions) 525990

Describe the unrelated trade or business ► INVESTMENT IN S CORPORATION

Par	t 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)				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
с	Capital loss deduction for trusts				
5	Income (loss) from a partnership or an S corporation (attach				
	statement) ATCH 3	5	147.		147.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)				
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)				
11	Advertising income (Schedule J)				
12	Other income (See instructions; attach schedule)				
13	Total. Combine lines 3 through 12		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	1	
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses		
20	Depreciation (attach Form 4562)		
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)		
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 F	Paperwork Reduction Act Notice, see instructions.	Sc	

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 PARNTERS 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	-989,760.

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

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

PART	ΙI	_	LINE	27	_	OTHER	DEDUCTIONS	44,714.
------	----	---	------	----	---	-------	------------	---------

INVESTMENT IN S CORPORATION

SCHED	ULE M ·	- INCOME	LOS	SS) FROM	I PARTI	NERSHIPS	AND/OR	S	CORPORATI	IONS	_
SUGAR	CREEK	PROPERT	IES,	INC.							147.
	INCOME	(LOSS)	FROM	PARTNER	SHIPS	AND/OR	S CORPOI	RAT	IONS		147.

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

	Federal ne Generated	Federal NOL Utilized	Federal Remaining NOL C/F	
12/21/2006		(220.050)	220.050	
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

	Federal	Federal	Federal	Federal
 Tax Year	Income Generated	NOL Generated	NOL Utilized	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	\$147

SCHED	DULE D
(Form	1120)

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,

OMB No. 1545-0123

	ment of the Treasury		0-REIT, 1120-RIC, 1120-S				2	019
Interna Name	I Revenue Service	Go to www.irs.go	v/Form1120 for instructi	ons and the latest infor		Employ	er identifica	tion number
CENT	TRAL INDIANA	COMMUNITY FOUNDATION	IINC				85-1793	
Did th	ne corporation di	spose of any investment(s) in a	qualified opportuni	ty fund during the ta	x year?	►	Yes	X No
		8949 and see its instructions fo m Capital Gains and Losses			your gain or los	S.		
Part		w to figure the amounts to enter on		,	(g) Adjustments	to gain	(h) Gain o	r (loss)
	the lines below.	-	(d) Proceeds	(e) Cost	or loss from Forr			olumn (e) from
	This form may be easi whole dollars.	er to complete if you round off cents to	(sales price)	(or other basis)	8949, Part I, line column (g)	;∠,) and combine with column (g)
1a	1099-B for which ba which you have no a if you choose to repo	erm transactions reported on Form asis was reported to the IRS and for adjustments (see instructions). However, ort all these transactions on Form 8949, and go to line 1b						
1b		tions reported on Form(s) 8949						
2		tions reported on Form(s) 8949						
3	Totals for all transac	tions reported on Form(s) 8949						
	with Box C checked		28.					28
4	Short torm conito	l agin from installment calco from F	Form 6252 line 26 or 2	7				
4	Short-term capita	I gain from installment sales from F	-orm 6252, line 26 of 3	′		4		
5	Short-term capita	l gain or (loss) from like-kind exchar	nges from Form 8824			5		
6	Unused capital lo	ss carryover (attach computation)				6	(
7		apital gain or (loss). Combine lines 1		h	<u></u>	7		28
Part		n Capital Gains and Losses	(See instructions.)		1			
	the lines below. This form may be eas	s form may be easier to complete if you round off cents to (sales price) (or other basis) 8949, Part II, line 2,						r (loss) column (e) from) and combine
8a	1099-B for which ba which you have no a if you choose to repo	m transactions reported on Form asis was reported to the IRS and for idjustments (see instructions). However, ort all these transactions on Form 8949, and go to line 8b			column (g)		the result	with column (g)
8b	Totals for all transac	tions reported on Form(s) 8949						
9		tions reported on Form(s) 8949						
10		tions reported on Form(s) 8949						
	with Box F checked			568.				-568
11	Enter gain from F	orm 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 exchan	ges from Form 8824			13		
14	Capital gain distri	butions (see instructions)				14		
15 Dout		bital gain or (loss). Combine lines 8	a through 14 in column	h	<u></u>	15		51,580
Part	Summary	of Parts I and II						
16	Enter excess of n	et short-term capital gain (line 7) o	ver net long-term capita	l loss (line 15)		16		28 51,580
17	Net capital gain	Enter excess of net long-term capit	al gain (line 15) over p	et short-term canital lo	ss (line 7)	17		jτ,200
18		17. Enter here and on Form 1120,				18		51,608
10			page .,					

orm 8949

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury	١.
Internal Revenue Service	
Namo(s) shown on roturn	

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

CENTRAL INDIANA COMMUNITY FOUNDATION INC 35-1793680	Name(s) shown on return	Social security number or taxpayer identification number
	CENTRAL INDIANA COMMUNITY FOUNDATION INC	35-1793680

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

F

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

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b)	(c) Date sold or		(d) Cost or Proceeds See the	Proceeds	(e) Cost or other basis. See the Note below	See the separate instructions.		(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)		
ST CAPITAL GAIN	VARIOUS	VARIOUS	28.				28.		
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and inc is checked), lin	lude on your e 2 (if Box B	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.

Form 8949 (2019)	Attachment Sequence No. 12A	Page 2
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	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	(e) Cost or other basis. See the Note below	See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions			trom column (d) and combine the result with column (g)
LT CAPITAL GAIN	VARIOUS	VARIOUS		568.			-568.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and incluis checked), line	ude on your 9 (if Box E	1	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.

Department of the Treasury

Internal Revenue Service

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts

Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184 2 q

Attach to your tax return. ► Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment	
Sequence No	27

Name(s)	shown	on	return

CENTRAL	INDIANA	COMMUNITY	FOUNDATION	INC

Identifying number	
35-1793680	

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

000		
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)	

	Than Ousdally of The	n mostriop				3)		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, pl improvemen expense of	us ts and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
I	ATTACHMENT 1							52,148.
3	Gain, if any, from Form 4684, line 3	9					3	
4	Section 1231 gain from installment	t sales from Form	n 6252, line 26 o	r 37			4	
5	Section 1231 gain or (loss) from lil	ke-kind exchanges	from Form 8824	4			5	
6	Gain, if any, from line 32, from othe	er than casualty or	theft				6	
7	Combine lines 2 through 6. Enter t	he gain or (loss)	here and on the	appropriate line as fol	lows		7	52,148.
	Partnerships and S corporations. line 10, or Form 1120-S, Schedule H		· · ·	•	for Form 1065, Se	chedule K,		
	Individuals, partners, S corporation line 7 on line 11 below and skip li losses, or they were recaptured in Schedule D filed with your return ar	ines 8 and 9. If li an earlier year,	ine 7 is a gain a net for the gain and the second sec	and you didn't have from line 7 as a lo	any prior year sec	tion 1231		
8	Nonrecaptured net section 1231 lo	sses from prior ye	ars. See instruct	ions			8	
9	Subtract line 8 from line 7. If zero o 9 is more than zero, enter the amo capital gain on the Schedule D filed	ount from line 8	on line 12 belo	w and enter the gai	n from line 9 as a	long-term	9	

capital gain on the Schedule D filed with your return. See instructions Ordinary Gains and Losses (see instructions)

Pa	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				
13	Gain, if any, from line 31	13		
14				
15				
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16		
17	Combine lines 10 through 16	17		
18	· · · · · · · · · · · · · · · · · · ·			
	and b below. For individual returns, complete lines a and b below.			
i	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		
I	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.

Form 4797 (2019)

Form 4797 (2019) Part III Gain From Disposition of Property	/ Un	der Sections 124		1793680 54, and 1255	Page 2
(see instructions)				(b) Date acquired	(c) Date sold
19 (a) Description of section 1245, 1250, 1252, 1254,	or 12	55 property:		(mo., day, yr.)	(mo., day, yr.)
Α					
B					
C					
D		Γ	T		
These columns relate to the properties on lines 19A through 19I	p. 🕨	Property A	Property B	Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24				
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the smaller of line 24 or 25a.	25b				
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975. See instructions	26a				
b Applicable percentage multiplied by the smaller of					
line 24 or line 26a. See instructions	26b				
c Subtract line 26a from line 24. If residential rental property					
or line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976.	26d				
e Enter the smaller of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage. See instructions .	27b				
c Enter the smaller of line 24 or 27b	27c				
 28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 	28a				
b Enter the smaller of line 24 or 28a	28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from					
income under section 126. See instructions	29a				
b Enter the smaller of line 24 or 29a. See instructions .					
Summary of Part III Gains. Complete propert	ty co	olumns A through	D through line 29b	before going to	line 30.
30 Total gains for all properties. Add property columns <i>I</i>	A thro	ugh D, line 24			0
31 Add property columns A through D, lines 25b, 26g, 2	27c, 2	28b, and 29b. Enter he	ere and on line 13		1
32 Subtract line 31 from line 30. Enter the portion from					
other than casualty or theft on Form 4797, line 6	<u> </u>	<u></u>	<u></u>	<u></u> . 3	2
Part IV Recapture Amounts Under Section (see instructions)	ns 11	79 and 280F(b)(2)) When Business	Use Drops to 50	% or Less
				(a) Section 179	(b) Section 280F(b)(2)

Form 4797 (2019)

33

34 . .

35

34

35

33 Section 179 expense deduction or depreciation allowable in prior years

Recapture amount. Subtract line 34 from line 33. See the instructions for where to report

Recomputed depreciation. See instructions

Supplement to Form 4797 Part I Detail

ATTACHMENT 1

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.

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

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.

Turne en	Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN)								
Type or print	CENTRAL INDIANA COMMUNITY FOUNDATION INC 35-1793680								
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.								
due date for filing your	615 NORTH ALABAMA STREET 300								
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
instructions.	INDIANAPOLIS, IN 46204								
Enter the R	eturn Code for the return that this application	is for (file	a separate application	for each return)	07				
		1			1				
Application	1	Return	Application		Return				
1 . E		•••			•••				

Application	Recurri	Application	1 1	orunn
Is For	Code	Is For	0	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. BAR The books are in the care of ► 615 N. ALABAMA Telephone No. ► 317 634-2423 If the organization does not have an office or place of If this is for a Group Return, enter the organization's for for the whole group, check this box ►	ST, STE business ir ur digit Gro f it is for pa ion is for. ntil	Fax No. ► the United States, check this box	. If this is and attach	
 X calendar year 20 <u>19</u> or tax year beginning 2 If the tax year entered in line 1 is for less than 12 m Change in accounting period 		, and ending, 20, 20, ck reason: Initial return Final return		
 3a If this application is for Forms 990-BL, 990-PF, 9 nonrefundable credits. See instructions. 	90-T, 4720		a \$	0.
 b If this application is for Forms 990-PF, 990-T, estimated tax payments made. Include any prior yea c Balance due. Subtract line 3b from line 3a. Include 	ir overpayn your paym	nent allowed as a credit. 3b	\$	0.
(Electronic Federal Tax Payment System). See instru			\$	0.
Caution: If you are going to make an electronic funds withdrawa	I (direct deb	it) with this Form 8868, see Form 8453-EO and Form 88	379-EO for pa	yment
instructions.				
For Privacy Act and Paperwork Reduction Act Notice, see instr	uctions.	For	rm 8868 (Rev	v. 1-2020)