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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2010

Open to Public Inspection

Department of the Treasury

		iai Revenue	DELAICE		nzation may have to us	e a copy of tills retur	ii lu salisiy s	tate repuir	ing requireme	2110				
(%ট	A ¹	For the 2	010 calend	dar year, or tax year b	eginning Dec	31	, 2010, a	nd endi	ı g Jun	30		, 2011		
9		Check if app		C Name of organization			Educati	on Fou	ondation	D Employ	er Identi	fication Numb	er	
œ		Address change Doing Business As									31-1103966			
८ =		Name o	change	Number and street (or	P O box if mail is not o	lelivered to street addi	')	Room	suite	E Telepho	ne numt	er		
(C)	<u></u>	Initial r	eturn	120 East Waln	ut Street			114	- E	(317	7) 22	26-3704		
() () ()	_1	Termin	ated	City, town or country		State Z	IP code +							
ر ت ت ت	 M	Amend	led return	Indianapolis			IN 4	16204		G Gross re	eceipts S	\$ 98,0	36.	
S	= 3	一	ation pending	F Name and address of	orincipal officer				H(a) Is this	a group retur			Yes X No	
	⋑		tton ponding	Joseph L. Smith 120	·	r Indianano	lis TN 4	16204		affiliates incl		П	Yes No	
	21	Tax-exem	not status				7(a)(1) or	527	- If No,	attach a list	(see inst	tructions)	_	
	31	Websit	<u>'</u>	w.amyoukey.co		identific)	/(d)(1) 01	1027	H(c) Group	exemption nu	mher Þ			
SENVELOPE	<u> </u>		rganization	X Corporation Trus		Other ►	I Yes	r of Forms	tion 1984	i		egal domicile	TN	
<u>G</u>	Pa		Summar		Association	Other	1 = 100		1001 150	11110	tate of it	- dominine		
1				be the organization's	enhar	ce and	provi	de si	upport					
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	Activities & Governance			chool Distric							mic			
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	o Ve	2 Che	eck this bo	ox ► if the organ	ization discontinue	ed its operations	or dispose	d of mo	re than 25°	% of its ne	t asse	 ts		
	g			oting members of the			·				_ 3		15	
	ş			dependent voting mer	•	• • •)			4		15	
	Ϋ́			of individuals employ		ar 2010 (Part V,	lıne 2a)				5		2	
	Ę			of volunteers (estima	•	(0) 10					6		20	
2012	•			ed business revenue f		• •					7a 7b		0.	
©		b Net	unrelated	d business taxable inc	ome from Form 95	90-1, line 34		_			<u> / b</u>		-4 W	
0		8 Cor	ntributions	and grants (Part VIII	line 1h)				<u> </u>	rior Year 244,2	97		nt Year 91,969.	
Ä	ē			rice revenue (Part VIII						244,2	27.		<u>91,909.</u>	
\mathbf{x}	Revenue			ncome (Part VIII, colu		and 7d)				72,0	30		67.	
	æ	11 Oth	ner revenue	e (Part VIII, column (A): lines 5, 6d, 8c	-90-10c and 11	e)			48,6			2,116.	
<u>u</u>		12 Tot	al revenue	e – add lines 8 throug	h 11-must equal	Part VIII Solumn	(A), line 1	(2)		365,0			94,152.	
SCANNED MAR				ımılar amounts paidu			<u> </u>			278,3			91,210.	
		14 Ber	nefits paid	to or for members	art IX column (A)	, line 4)								
				er compensation, en), lines 5-1	0)		106,5	00.		52,297.	
<i>⊎</i> ∂	ses	16a Pro	ofessional	fundraising fees (Part	IX column (A)	ne-fie	•	•						
	Expenses			sing expenses (Partil)			0	,052.						
	찣			(,052.	•	22 5	40		20 401	
				ses (Part IX, column (•		- 05)			33,5			30,421.	
				es Add lines 13-17 (r	•		20)			418,4			73,928.	
	. e	19 Rev	veriue iess	expenses Subtract I	ine 18 from line 1	-			D	-53,4			79,776.	
	Assets or	20 Tot	al accote i	(Part X, line 16)						ng of Curren . , 846 , 3			f Year	
	Bak			es (Part X, line 16)							60.	1,0	06,365. -143.	
	Not /			• • • •		20								
				r fund balances Subtr	act line 21 from II	ne 20				.,846,3	91.	1,8	06,508.	
				re Block										
	Unde	er penalties o olete Declar	of perjury, I de ation of prepa	eclare that I have examined arer (other than officer) is ba	this return, including ac sed on all information o	companying schedules f which preparer has a	s and stateme any knowledge	nts, and to	the best of m	y knowledge	and beli	ef, it is true, co	rrect, and	
		_		1/2- 17		-8				2/1	7/1/	-	_	
	Sig	ın	Signato	are of officer	mec				Da	ite /	111			
	He		100	eph L. Smith						,				
				r print name and title										
•		•	Print/Type p	preparer's name	Preparer's sig	nature		Date		Check	ıf	PTIN		
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	BA	4 rorra	perwork R	reuu.				TE	EA0101 03	/25/11		Form	n 990 (2010)	

Part IV	Checklist of Required Schedules
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	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	_ 1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		_ x_
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	j	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7	:	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		_x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		_ x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
ı	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VII	11 b	х	
(c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c	х	
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		_x
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	-	Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E a Did the organization maintain an office, employees, or agents outside of the United States?	13		<u> </u>
	b Did the organization maintain an office, employees, or agents outside of the officed states?	14a		Х
	business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and TV	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		<u>x</u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16	-	X
	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		х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		<u>x</u>
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>
ŀ	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		х

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	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		
25 a	a Section 501(c)(3) and 501(c)(4) 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
t	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
k	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? 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, Parts II, III, IV, and V, line 1	34		_ X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		_X_
ā	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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 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 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
ЗАА		Form	990 ((2010)

Form 990 (2010) Indianapolis Public School Education Fouondation Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a	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 2			
h	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	<u> </u>
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		<u> </u>
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	7.5	-	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
u	olf 'Yes,' enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 ~	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			v
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		_X_
	-	50		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
Ĭ	services provided to the payor?	7a		Х
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 q		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
_				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	•		
	Did the organization make any taxable distributions under section 4966?	9a		Х
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			į
а	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)			
12 a	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

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Form 990 (2010)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section 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 1 a b Enter the number of voting members included in line 1a, above, who are independent 15 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X a The governing body? Х **b** Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Νo 10a Does the organization have local chapters, branches, or affiliates? 10a Х b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12a **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes.' describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 Х 14 Does the organization have a written document retention and destruction policy? 14 X 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? a The organization's CEO, Executive Director, or top management official 15a Х 15b X **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) **16 a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a Х **b** If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Indiana Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply X Upon request Own website Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization Joseph L. Smith Sr. J.D. 120 East Walnut Street Indianapolis IN 46204 (317) 226-3704

BAA

Form 990 (2010)	Indianapolis Public School Education Foundation

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A)	(B)	Ciated	· Org) C)	iii coii	ipen	(D)	(E)	(F)	
Name and title	Average	Pos	tion	(checl	k all t	hat appl	ly)	Reportable	Reportable	Estimated	
	hours per week (describe hours for related organiza- tions in Schedule O)	adividial fraktee or director	mshluhonal frustee	Offi 🖭	Key employee	Highest cointensated employee	र्वासास	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
(1) Joseph L. Smith Sr. JD											
Executive Director	40.00		L		Х	Х		73,522.	0.	0.	
(2) Jane Dall Wilson											
President	2.00	Х		Х				0.	0.	0.	
(3) Marsha Currin											
Vice President	2.00	Х		Х				0.	0.	0.	
(4) Laura Feeney											
Treasurer	2.00	Х		Х				0.	0.	0.	
(5) Doran Moreland											
Secretary	2.00	Х		Х				0.	0.	0.	
_(6) David Hensel											
Member	2.00	Х						0.	0.	0.	
(7) Marcie Brown											
Member	2.00	Х						0.	0.	0.	
(8) Cynthia Collier Member	2.00	х						0.	0.	0.	
(9) Alice McColgin Member	2.00	х						0.	0.	0.	
(10) Dorothy Crenshaw			-								
Member	2.00	х						0.	o.	0.	
(11) Dawn Replogle											
Member	2.00	х						0.	0.1	0.	
(12) Marsha Currin										<u>.</u> .	
Member	2.00	х						o .	0.	0.	
(13) Carla Poindexter											
Member	2.00	х						0.	0.	0.	
(14) Nathaniel Turner	1							3.	_ · · · · · ·		
Member	2.00	х						0.	0.	0.	
(15) Deborah Hearn Smith									<u> </u>	<u>_</u> <u>.</u>	
Member	2.00	x						0.	0.	0.	
(16) Ralph Taylor								<u>`</u>			
Member	2.00	x						0.	0.	0.	
(17)											
BAA	<u> </u>	1	EEA	0107	12/	/21/10		<u> </u>		Form 990 (2010)	

Part VII Section A. Officers, Directors, Trust		ley	EII	_		<u>es,</u>	and			loyees		<u>11)</u>
. (A)	(B) (c) Average Position (check all that apply)						nnly)	(D)	(E)	<u> </u>	(F)	
Name and title	hours per week (describe hours for related organi- zations in Sch O)		_	Officer		-		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	from amount of compensions (SC) from		n
	related organi- zations	dual tru ector	Institutional trustee	*	Key employee	Highest compensat	er			añ	anization d related inizations	1
	Sch O)	stee	trustee	:	ă	pensated						
(18)	ļ											
(19)												
(20)						i		,				
_(21)		-		-								
(22)		-				!						
(23)												
(24)												
(25)												
(26)												
(27)												
(28)												
(29)												
1 b Sub-total	<u>'</u>		,		<u> </u>		-	73,522.	0.			0.
c Total from continuation sheets to Part VII, Section A	4						•			ļ		
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited	to thos	e lis	ted a	abov	/e) v	who	rece	73,522.	0 . 100 000 in reportab	le compe	ensatio	<u>0.</u>
from the organization												
Did the organization list any former officer, director of	or truete	o k	ov 0	mple	ovo.	. or	, bia	host componented	Lomployoo		Yes	No
on line 1a? If 'Yes,' complete Schedule J for such in	dividual	.c, K	cy c	прк	оусс	5, OI	mg	nest compensated	employee	3		X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	ortable an \$150	com),000	pen)? <i>If</i>	satio f 'Ye	on a s' co	ind o	other elete	r compensation fro Schedule J for	om	4	-	
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpensa	ation Sch	fror	m ar le 1	ny ui	nrela suct	ated	organization or in	ndıvıdual	5		X
Section B. Independent Contractors												
 Complete this table for your five highest compensate compensation from the organization 	d indep	ende	ent c	contr	acto	ors t	hat	received more tha	n \$100,000 of			
(A) Name and business address	s	-				·—.		Description of) of services	Compe	c) nsatior	า
						_						
2 Total number of independent contractors (including b	out not I	ımıte	ed to	tho	se I	ıste	d ab	ove) who received	more than			
\$100,000 in compensation from the organization								,				

ra	rt VIII Statement of Revenue				
	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S Z	1a Federated campaigns 1a				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b				
£ §	c Fundraising events 1c				I
F A	d Related organizations 1d				1
ਭੂ≦	e Government grants (contributions)				
SIS	e dovernment grants (contributions)	ļ			
Ĕ	f All other contributions, gifts, grants, and similar amounts not included above 1f 91, 969.				
E E	similar amounts not included above 1f 91,969.				
ξě	g Noncash contributions included in Ins 1a-1f \$				
	h Total. Add lines 1a-1f	91,969.			
PROGRAM SERVICE REVENUE	Business Code				
EN.	2a				
ĕ	b		 -		
S C		-			
2			 -		
J SE	°				
RA	e				
00	f All other program service revenue				
<u>E</u>	g Total. Add lines 2a-2f ▶				
	3 Investment income (including dividends, interest and				
	other similar amounts)	67.	67.	0.	0.
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties ►				
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less: rental expenses	1			
	c Rental income or (loss)	1			
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other	ĺ			
	assets other than inventory				
	b Less cost or other basis	Ì			
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
JE	8a Gross income from fundraising events (not including \$				
OTHER REVENU	of contributions reported on line 1c)				
Æ	1				
ER					
₽	b Less direct expenses b 3,884.				
	c Net income or (loss) from fundraising events	2,116.		0.	2,116.
	9a Gross income from gaming activities See Part IV, line 19				
	b Less' direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
- 1	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
-					
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d ▶				
	12 Total revenue. See instructions	94,152.	67.	0.	2,116.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	89,710.	89,710.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,500.	1,500.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	33,933.	0.	27,146.	6,787
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	12,040.	0.	12,040.	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)			=	
9	Other employee benefits	2,625.	0.	2,100.	525
10	Payroll taxes	3,699.	0.	2,959.	740
11	Fees for services (non-employees)				
ā	a Management				
t	Legal				
c	Accounting	8,500.	0.	8,500.	0
C	Lobbying				
	Professional fundraising services See Part IV, line 17 Investment management fees				
ç	g Other	829.	0.	829.	0
12	Advertising and promotion				
13	Office expenses	2,373.	0.	2,373.	0
14	Information technology	2,040.	0.	2,040.	0
15	Royalties				
16	Occupancy				
17	Travel	364.	0.	364.	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	897.	0.	897.	0
ā	Board Expense	169.	0.	169.	0
t	Bank charges	711.	0.	711.	0
•					
,	¹				
•	All other expenses	14,538.	0.	14,538.	0
25	Total functional expenses. Add lines 1 through 24f	173,928.	91,210.	74,666.	8,052
26	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	213,320.	21,210.	,4,000.	0,032

(A) Beginning of year **(B)** End of year Cash - non-interest-bearing 309,235 1 356<u>,024.</u> 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 4 Accounts receivable, net 4,780 4 15,233 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule I 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1,917 10a 10b b Less accumulated depreciation 1,917 10 c 1,917. 11 Investments - publicly traded securities 1,197,994 11 1,116,749. 12 Investments - other securities See Part IV, line 11 12 332,405 316,442. 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 16 Total assets Add lines 1 through 15 (must equal line 34) 1,846,331 16 1,806,365. Accounts payable and accrued expenses 17 17 -60 -143 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 A B I 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 22 of Schedule L Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 -60 26 -143. Organizations that follow SFAS 117, check here X and complete lines N E T 27 through 29 and lines 33 and 34. Unrestricted net assets 986,696 27 973,766. 28 Temporarily restricted net assets 135,515 28 108,562. 29 Permanently restricted net assets 29 724,180 724,180. P Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 BALANCEV 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 1,846,391 1,806,508. Total liabilities and net assets/fund balances 1,846,331 34 1,806,365.

BAA

Part X

Balance Sheet

Form **990** (2010)

Forn	990 ((2010)	Indianapolis Public School Education Fouondation 31-1	103966		Pa	age 12	
Pai	t XI	Reco	onciliation of Net Assets					
		Check	if Schedule O contains a response to any question in this Part XI				X	
				1				
1	Total	revenue	e (must equal Part VIII, column (A), line 12)	1		94,1	<u> 152.</u>	
2	Total	expense	es (must equal Part IX, column (A), line 25)	2	173,928.			
3			expenses Subtract line 2 from line 1	3	-79,776.			
4	Net a	ssets or	fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,8	46,3	<u> 391.</u>	
5	Othe	r change	es in net assets or fund balances (explain in Schedule O)	5	_	39,8	<u> 393.</u>	
6	6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6							
Pa	t XII	Fina	ncial Statements and Reporting	····		06,5		
		Check	if Schedule O contains a response to any question in this Part XII					
						Yes	No	
1	Acco	unting m	nethod used to prepare the Form 990: Cash X Accrual Other					
	If the	organız hedule (ation changed its method of accounting from a prior year or checked 'Other,' explain O					
2	Were	the orga	anization's financial statements compiled or reviewed by an independent accountant?		2a	Х	L	
1	W ere	the orga	anization's financial statements audited by an independent accountant?		2b		X	
•			e 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a mpilation of its financial statements and selection of an independent accountant?	audit,	2c		х	
		organız hedule (ration changed either its oversight process or selection process during the tax year, explain					
(lf 'Ye sepa	rate bas	e 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on its consolidated basis, or both.	on a				
	Ш	separa	te basis X Consolidated basis Both consolidated and separate basis	ŀ				
3			f a federal award, was the organization required to undergo an audit or audits as set forth in the Sing I OMB Circular A-133?	gle	3a		X	
ı	olf 'Ye	es,' did th	ne organization undergo the required audit or audits? If the organization did not undergo the required plain why in Schedule O and describe any steps taken to undergo such audits	l audit	3ь		х	

BAA

Form **990** (2010)

TEEA0112 12/21/10

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name	me of the organization Employer identification number												
Ind	lia	napolis Public	School Educa	tion Fouondati	on				31-11	03966	6		
Par	t I	Reason for Publ	ic Charity Status	(All organizations	must o	comple	te this	part.)	See II	nstruct	ions.		_
The o	orga	nization is not a privat	e foundation because	it is (For lines 1 through	gh 11, ci	heck onl	y one bo	ox)			_		
1		A church, convention	of churches or assoc	ation of churches descr	ribed in :	section	1 70(b)(1	χΑχί).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	Г	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's											
		name, city, and state		•	•					,			
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
6				vernmental unit describ									
7	Ę	' ın section 170(b)(1)(A	A)(vi). (Complete Par			_	ernment	al unit c	or from t	he gene	ral public o	lescrib	ed
8	\vdash	A community trust de	scribed in section 17	0(b)(1)(A)(vi). (Complete	e Part II)							
9		from activities related investment income ar	l to its exempt function	more than 33-1/3% of ns — subject to certain taxable income (less s nplete Part III)	exception	ns. and	(2) no n	nore tha	ın 33-1/3	3% of its	support fr	om ar	oss
10	L	An organization orgai	nized and operated ex	clusively to test for pub	olic safet	y See s	ection 5	509(a)(4)).				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3) . Check the box that describes the type of supporting organization and complete lines 11e through 11h												
		a Type I	b 🛛 Type II	c ☐ Type III	l – Fund	tionally	ıntegrate	ed		d 🗍	Type III -	Othe	er
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)												
f		If the organization red check this box	ceived a written deteri	mination from the IRS th	hat is a	Type I, 1	Гуре II о	r Type I	II suppo	rting org	ganization,		
g	l	Since August 17, 200	6, has the organization	on accepted any gift or	contribu	ition fron	n any of	the follo	owing pe	ersons?			
												Yes	No
		(i) A person who d below, the gove	lirectly or indirectly co rrning body of the sup	ntrols, either alone or to ported organization?	ogether	with per	sons des	scribed i	n (II) an	d (III)	11 g (i)		
		(ii) A family member	er of a person describ	ed in (i) above?							11 g (ii)	<u> </u>	<u> </u>
				lescribed in (i) or (ii) ab							11 g (iii)	<u>, </u>	
h)	Provide the following	information about the	supported organization	n(s)								
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	Is the zation in i) listed in overning ment?	(v) Did y the organ columi your su		(vi) li organiz colun organize U S	ation in nn (i) ed in the	(VII) Amou	ınt of sup	pport
					Yes	No	Yes	No	Yes	No			
(A)_										İ			
(B)													
<u></u>					1								
(C)		·	-										
(D)													
(E)													
Tota													_

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

Schedule A (Form 990 or 990-EZ) 2010

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 begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activi	ties, etc (see inst	tructions)	-		12		
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ 🗍	
	tion C. Computation of Pul					1		
	Public support percentage for 20	• •	•	e 11, column (f))		14	%_	
15	Public support percentage from 2	2009 Schedule A,	Part II, line 14			15	%	
16 a	a 33-1/3% support test — 2010. If t and stop here. The organization				the line 14 is 33-	1/3% or more, che	ck this box	
t	33-1/3% support test — 2009. If t and stop here. The organization				a, and line 15 is 33	3-1/3% or more, ch	eck this box ►	
17 a	7 a 10%-facts-and-circumstances test — 2010. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
	b 10%-facts-and-circumstances test – 2009. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
18		ation did not che	ck a box on line 1	13, 16a, 16b, 17a,				
BAA					Si	chedule A (Form 99	411 Ar 9911.1-71 2011()	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
'	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants ')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the						
	organization without charge	!					
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support				, .		
	dar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
10 a	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources a Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				•		
11	Add lines 10a and 10b 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 IV)						
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)
	tion C. Computation of Pul						
	Public support percentage for 20		• • •	13, column (f))		15	%
	Public support percentage from 2					16	%
	tion D. Computation of Inv					-·	<u></u>
17	Investment income percentage for	•		•	nn (f))	17	ફ
18	Investment income percentage from					18	ે
19 <i>a</i>	33-1/3% support tests – 2010. If is not more than 33-1/3%, check	the organization of this box and stop	did not check the the the the the the the here. The organization	oox on line 14, ar ation qualifies as	id line 15 is more to a publicly support	than 33-1/3%, ar ted organization	id line 17 ►
ł	33-1/3% support tests - 2009. If Ine 18 is not more than 33-1/3%	the organization of the check this box ai	did not check a bo nd stop here. The	x on line 14 or lir organization qua	ie 19a, and line 16 lifies as a publicly	is more than 33 supported organ	-1/3%, and ization ►
20	Private foundation. If the organiz	zation did not chec	k a box on line 14	, 19a, or 19b, ch	eck this box and s	ee instructions	<u>▶</u>

ochedule A	t on 390 of 390-E2) 2010 Indianapolis Public School Education Foundation 31-1103966 Fage 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
- -	·
-	
 	·
	·
	·
	
	·
	-
	·
	·

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Indianapolis Public School Education Fouondation 31-1103966 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes No funds are the organization's property, subject to the organization's exclusive legal control Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Nο purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements 2_b c Number of conservation easements on a certified historic structure included in (a) **2**c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ► Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section $170(h)(4)(B)(ii)^2$ Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990. Part VIII. line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2010 India: Part III Organizations Mainta	napolis P ining Coll	ublic s	School Educa of Art, Histo	tion orical	Foundation Treasures, or	31-11 Other Similar As		Page 2
3 Using the organization's acquisition items (check all that apply)	on, accession	n, and ot	her records, che	ck any	of the following t	hat are a significant u	se of its colle	ection
a Teublic exhibition			d Loan	or excl	hange programs			
b Scholarly research			e Other					
c Preservation for future genera	ations				-		_	
	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in							
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or other than to	receive be main	donations of art, tained as part of	histor the oi	ical treasures, or ganization's colle	other similar ection?	Yes	No
Part IV Escrow and Custodia 9, or reported an amount	Arrange	nents.	Complete if	organ 21	ization answe	red 'Yes' to Form	990, Part	IV, line
· · · · · · · · · · · · · · · · · · ·			<u> </u>					·
1 a Is the organization an agent, trust included on Form 990, Part X?						r assets not	Yes	No No
b If 'Yes,' explain the arrangement	ın Part XIV a	and comp	lete the followin	g table				
							Amount	
c Beginning balance						1 c		
d Additions during the year						1 d	•	
e Distributions during the year						1 e		
f Ending balance						1f		
2a Did the organization include an ar	nount on Fo	rm 990, i	Part X, line 21?			<u> </u>	Yes	No
b If 'Yes,' explain the arrangement								
Part V Endowment Funds. Co		the ora	anization ans	swere	d 'Yes' to For	m 990. Part IV. Iir	ne 10.	
	(a) Curren		(b) Prior year		(c) Two years back			r years back
1 a Beginning of year balance	(4)	,	(a) i i i i i i i i i i i i i i i i i i i		(c) The years bush	(a) Three years back	(6) 100	years back
b Contributions			-					
c Net investment earnings, gains, and losses								
d Grants or scholarships								
Other expenditures for facilities and programs								
f Administrative expenses					-			
g End of year balance								
2 Provide the estimated percentage	of the year	end bala	nce held as					
a Board designated or quasi-endow	ment ►		%					
b Permanent endowment ►								
c Term endowment ►		-						
3a Are there endowment funds not in organization by:	the possess	sion of th	ie organization th	hat are	held and admini	stered for the	Y	es No
(i) unrelated organizations							3a(i)	
(ii) related organizations							3a(ii)	
b If 'Yes' to 3a(II), are the related or	ganızatıons	listed as	required on Sch	edule	R?		3b	
4 Describe in Part XIV the intended	uses of the	organiza	tion's endowmer	nt fund	s			· · · · · · · · · · · · · · · · · · ·
Part VI Land, Buildings, and E								
Description of investment			t or other basis		Cost or other asis (other)	(c) Accumulated depreciation	(d) Boo	ok value
1 a Land			()		``			
b Buildings								
c Leasehold improvements						<u> </u>	 	
d Equipment			1,917.				 	1 017
e Other			1,311.					1,917.
	(d) must so	ual Farm	1 000 Part V	luma 1	D) line 10(-))		 	
Total. Add lines 1a through 1e (Column	(u) must eg	udi FOIM	1 73U, FAIL A, CO	iumn (<u>о), ппе ти(с))</u>	Sch	1 edule D (Forr	<u>1,917.</u> m 990) 2010

TEEA3302 12/20/10

Part VII Investments-Other Securities. See Fo	orm 990, Part X, Ii	ne 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion: ket value
(1) Financial derivatives			
(2) Closely-held equity interests			<u> </u>
(3) Other			
(A) Investment - Community Foundation	316,442.	FMV	
(B)			
(C)			
(D)			
<u></u>			
(F)			
(G)			
(H)			
(I)	316 442		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12) Part VIII Investments—Program Related. (See F	316,442.	lino 12)	
(a) Description of investment type	(b) Book value	_ 	· · · · · · · · · · · · · · · · · · ·
(a) Description of investment type	(b) book value	(c) Method of valuation Cost or end-of-year mark	ket value
(1)			
(2)			<u> </u>
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. (See Form 990, Part X,	line 15)	<u> </u>	
· · · · · · · · · · · · · · · · · · ·	scription		(b) Book value
(1)	scription		(b) book value
(2)		 	
(3)			
(4)			
(5)			
(6)			
(7)	· ·=·····		_
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column(B),		<u>▶</u>	
Part X Other Liabilities. (See Form 990, Part			
(a) Description of liability	(b) Amount		
(1) Federal income taxes			
(2)		<u> </u>	
(3)			
(4)			
(5)		 	
(6)		—	
<u>(7)</u> (8)			
(9)	 		
(10)		 -	
(11)			
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	•		
2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of	f the footnote to the or	ganization's financial statements that re	ports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Schedule D (Form 990) 2010 Indianapolis Public School Education Fouondation	31-1103966	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1 Total revenue (Form 990, Part VIII,column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25)		
3 Excess or (deficit) for the year Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	-	
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)	-	
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Other losses 2c		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also company additional information	t IV, lines 1b and 2b; plete this part to provide	

Schedule D	Form 990) 2010	Indianapolis Pul	blic School Educ	ation Fouondat:	ion	31-1103966	Page 5
Part XIV	Supplementa	Indianapolis Pul Information (con	tinued)				
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SCHEDULE I

Department of the Treasury Internal Revenue Service

Indianapolis Public School Education Fouondation

Part I General Information on Grants and Assistance

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

OMB No 1545-0047 2010

Open to Public Inspection

Employer identification number Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. Name of the organization

31-1103966

№

X Yes

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

\$5,000.	(h) Purpose of grant or assistance	Educational As							
seived more than	(g) Description of non-cash assistance								
one recipient rec	(f) Method of valuation (book, FMV, appraisal, other)								
heck this box if no	(e) Amount of non-cash assistance								i
iore than \$5,000. C	(d) Amount of cash grant	91,210.							
t that received me is needed	(c) IRC section if applicable								
for any recipien	(b) EIN	35-6002486							
Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government	(1) Indianapolis Public Schoo 120 East Walnut Indianapolis IN 46204	(2)	(3)	(4)	(5)	(0)	$\omega_{}$	(8)

Schedule I (Form 990) 2010

TEEA3901 10/29/10

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

Enter total number of other organizations

Enter total number of section 501(c)(3) and government organizations

~

Page 2 **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 31-1103966 Indianapolis Public School Education Fouondation Schedule I (Form 990) 2010 [Part III

(f) Description of non-cash assistance								other additional information.					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							Schedule I (Form 990) 2010
(e) Method of valuation (book, FMV, appraisal, other)								I, line 2, and any		 	 	 	 				 			
(d) Amount of non-cash assistance								lation required in Pa		} 	 	 	 	 			 			
(c) Amount of cash grant								provide the inform		 	 	 	, 	 			 			
(b) Number of recipients								uplete this part to		 	 	 	I I	! ! ! ! !	 	İ	! !	 	 	
(a) Type of grant or assistance	-	2	က	4	ហ	ဖ	7	Parally Supplemental Information. Complete this part to provide the information required in Part	1	 			 	 	 		1 1 1 1 1 1 1 1 1			ВАА

Schedule I (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

Employer identification number

<u>Indianapolis Publ</u>	ic School Education Fouondation	31-1103966
Pt VI-B, Line 15	Annually the board of directors reviews the comp	pensation of the CEO
Pt_VI-B, Line_15	and determines thether the approprits compensation level is set based on perfor	mance and comparability with other NFPs
Pt_VI-C, Line 19	If any business or individual makes a request in writing o	of the governing documents or
Pt_VI-C, Line_19	conflict of interst statement, we will provide them with a hard	copy of any of those docuemnts.
Pt_VI-B, Line_11a	Because of the timing of the board meetings and the	ne filing of the Form 990,
Pt_VI-B, Line_11a	all board members were not provided a copy, but will review the f	filing at the next board meeting.
Pt_XI	Represents the unrealized gain on investments and adjustments to investmen	t accounts that increased fund balance
Pt_VI-A,_Line_4	Changed from a calendar to a fiscal year for rep	porting and filing taxes
- 		
- 		

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission.

effectiveness of educational initiatives within the Indianapolis Public School District.

The Mission is to enable IPS students to achieve their fullest potential by changing and enhancing the community environment

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code:	Description:	Grants provided to improve educational outcomes for IPS
Expenses	47,705.	student; including test scores, reading and math skills for
Grants Of	47,705.	programs design as such within IPS schools
Revenue	0.	
		· · · · · · · · · · · · · · · · · · ·

Supporting Statement of:

Form 990 p 7/Col D Comp W-2 Org (SW)-1

Description	Amount
	73,522.