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Form .990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

		3	cash investments
		4	Dividends and interest fro
		5a	Gross rents
		b	Net rental income or (loss)
	Revenue	6a b	Net gain or (toss) from sale of Gross sales price for all assets on line 6a
	Š	7	Capital gain net income (from
	E	8	Net short-term capital gai
		9 10a	Income modifications Gross sales less returns and allowances
		b	Less Cost of goods sold
		C	Gross profit or (loss)
		11	Other income
		12	Total. Add lines 1 throug
		13	Compensation of officers, dire
		14	Other employee salaries a
	w	15	Pension plans, employee
	Se	16a	Legal fees
	þe	b	Accounting fees
	Ж	C	Other professional fees
≥ 1	strative	17	Interest
<u> </u>	<u>ta</u>	18	Taxes
≥ 0	nis	19	Depreciation and depletio
'9 1	Ē	20	Оссиралсу
—√ /	and Adı	21	Travel, conferences, and i
3	ā	22	Printing and publications
⋖	ing	23	Other expenses
	rati	24	Total operating and adm
豐	ре		expenses. Add lines 13 th
3	0	25	Contributions, gifts, grant
Æ.		26	Total expenses and disb
% -	_		Add lines 24 and 25
		27	Subtract line 26 from line

		nt of the Treasury evenue Service Note. The foundation may	be able to use a copy of this	return to satisfy state repo	orting requirements	ZUII
For	cale	ndar year 2011 or tax year beginning		, and ending		
Na	ame o	of foundation			A Employer identification	number
_		OR FOUNDATION, INC.	31-1158610			
		and street (or PO box number if mail is not delivered to stree 2 N. MERIDIAN STREET	et address)	Room/suite	B Telephone number (317)956-50	000
		town, state, and ZIP code			C if exemption application is per	
		IANAPOLIS, IN 46202			• " exemption application is per	numy, check here
G	Checl	k all that apply Initial return	Initial return of a f	ormer public charity	D 1 Foreign organizations,	check here
		Final return	Amended return		Foreign organizations mee	ting the 85% test.
	Chaol	Address change k type of organization X Section 501(c)(3) e	Name change	 	Foreign organizations mee 2. check here and attach com	
<u>"</u>	_	ection 4947(a)(1) nonexempt charitable trust	xempt private foundation Other taxable private found	ation	If private foundation statu under section 507(b)(1)(a	
l F		arket value of all assets at end of year J Account		X Accrual	F if the foundation is in a 60	·
(f	rom .	Part II, col. (c), line 16)	Other (specify)		under section 507(b)(1)(l	. 177
_	> \$	684,091. (Part I, colu	umn (d) must be on cash	basis.)		
P	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	334,163.			(casii basis oiliy)
	2	Check If the foundation is not required to attach Sch. 8				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	14,762.	14,762.		STATEMENT 1
	1 .	Gross rents				
	62	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10	21,388.			
nue	b	Gross sales nace for all OCE OOO		· · · · · · · · · · · · · · · · · ·		
Revenue	7	Capital gain net income (from Part IV, line 2)		21,388.		······································
Œ	8	Net short-term capital gain		~~~~~		
	9	Income modifications Gross sales less returns				· · · · · · · · · · · · · · · · · · ·
		and allowances				`
	ļ	Gross profit or (loss)				
	11	Other income	81,472.	0.	81,472.5	TATEMENT 2
	12	Total. Add lines 1 through 11	451,785.	36,150.	81,472.	
	13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14	Other employee salaries and wages	93,092.	0.	0.	93,092.
es		Pension plans, employee benefits Legal fees				
ens	ł	Accounting fees STMT 3	6,900	0-,-	3,450.	3,450.
Exp		Other professional fees STMT 4	12,147.	RECEIVED.	0.	12,147.
Ķ	17	Interest			SC	
trat	1	Taxes	3884	AUG 1 3 2012	101	
inis	19	Depreciation and depletion	<u> </u>	7100 200		
Adm	20	Occupancy Travel, conferences, and meetings	1,301.	OGDEN. UI	0.	1,301.
ğ	22	Printing and publications	4,957	0.	2,478.	2,479.
g a	23	Other expenses STMT 5	67,727.	5,055.	42,857.	19,818.
ratir	24	Total operating and administrative				
Operating and Administrative Expenses		expenses. Add lines 13 through 23	186,124.	5,055.	48,785.	132,287.
_		Contributions, gifts, grants paid	292,200.			292,200.
	1	Total expenses and disbursements. Add lines 24 and 25	478,324.	5,055.	48,785.	424,487.
		Subtract line 26 from line 12	2.0,521.	3,033.	30,703.	123/10/10
	ŀ	Excess of revenue over expenses and disbursements	-26,539.			
		Net investment income (if negative, enter -0-)		31,095.		
1235		Adjusted net income (if negative, enter -0-)			32,687.	
ふべ		LHA For Paperwork Reduction Act Notice, see	INSTRUCTIONS		^	Form 990-PF (2011)

4 1 2

Part Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year			
column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1 Cash - non-interest-bearing	328,665.	136,260.	136,260.		
2 Savings and temporary cash investments			***************************************		
3 Accounts receivable ►					
Less allowance for doubtful accounts ▶	201,857.		······································		
4 Pledges receivable ►					
Less allowance for doubtful accounts					
5 Grants receivable					
6 Receivables due from officers, directors, trustees, and other					
disqualified persons					
7 Other notes and loans receivable	,				
Less allowance for doubtful accounts ▶			. 		
g 8 Inventories for sale or use	2,008.	1,011.	1,011.		
9 Prepaid expenses and deferred charges					
10a investments - 05 and state government obligations SIPI O	16,198.	80,167.	80,167.		
b Investments - corporate stock STMT 7	465,499.	466,653.	466,653.		
c Investments - corporate bonds					
11 Investments - land buildings, and equipment basis					
Less accumulated depreciation	L				
12 Investments - mortgage loans					
13 Investments - other					
14 Land, buildings, and equipment basis ▶					
Less accumulated depreciation]				
15 Other assets (describe ►					
16 Total assets (to be completed by all filers)	1,014,227.	684,091.	684,091.		
17 Accounts payable and accrued expenses					
18 Grants payable	396,000.				
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable					
21 Mortgages and other notes payable					
22 Other liabilities (describe DUE TO MEMBER	18,258.	0.			
23 Total liabilities (add lines 17 through 22)	414,333.	0.			
Foundations that follow SFAS 117, check here					
and complete lines 24 through 26 and lines 30 and 31.					
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 27 Coastal steely trust proposal or suggest funds	442,662.	666,198.			
25 Temporarily restricted	157,232.	17,893.			
26 Permanently restricted					
Foundations that do not follow SFAS 117, check here					
ਕਰ complete lines 27 through 31					
27 Capital stock, trust principal, or current funds					
28 Paid-in or capital surplus, or land, bldg, and equipment fund					
Retained earnings, accumulated income, endowment, or other funds					
28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances	599,894.	684,091.			
-					
31 Total liabilities and net assets/fund balances	1,014,227.	684,091.			
Part III Analysis of Changes in Net Assets or Fund B	Balances				
Total net assets or fund balances at beginning of year - Part II, column (a), line	30				
(must agree with end-of-year figure reported on prior year's return)		1	599,894.		
2 Enter amount from Part I, line 27a		2	-26,539		
3 Other increases not included in line 2 (itemize) ► CHANGE IN A	CCOUNTING PRIN		124,009.		
4 Add lines 1, 2, and 3	COOLLING INII	4	697,364.		
5 Decreases not included in line 2 (itemize) ► UNREALIZED INV	ESTMENT INCOME		13,273.		
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, c		6	684,091.		

C d 6

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	2010	238,481.	/44,/48.		.32021/
	2009	214,180.	618,554.		.346259
	2008	221,253.	559,982.		.395107
	2007	172,396.	654,748.		.263301
	2006	129,650.	532,848.		.243315
	Total of line 1, column (d)			2	1.568199
3	Average distribution ratio for the 5-year bathe foundation has been in existence if less	•	or by the number of years	3	.313640
4	Enter the net value of noncharitable-use as	sets for 2011 from Part X, line 5		4	771,263.
5	Multiply line 4 by line 3			5	241,899.
6	Enter 1% of net investment income (1% of	Part I, line 27b)		6	311.
7	Add lines 5 and 6			7	242,210.
8	Enter qualifying distributions from Part XII,	line 4		88	424,487.
	If line 8 is equal to or greater than line 7, cl	neck the box in Part VI, line 1b, and comp	elete that part using a 1% tax rate		

Form **990-PF** (2011)

See the Part VI instructions

***********	990-PF (2011) MIBOR FOUNDATION, INC. 1 VI Excise Tax Based on Investment Income (Section 4940))(a) (494	lΩ(h)	49 <i>4</i> ∩(/	a) or 4		1158			Page 4
	Exempt operating foundations described in section 4940(d)(2), check here				10-10()	10-10	100.		01101	<u>,</u>
19	Date of ruling or determination letter (attach copy of letter if nece				lione)	ĺ					
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here					•	1	Ì		3	11.
•	of Part I, line 27b		una	GIILOI I	,,	ľ					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% (of Par	t I. li	ne 12. c	ol (b)	J					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Oth				o. (o,		2	1			0.
	Add lines 1 and 2			- ,			3			3	11.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Oth	hers e	nter	-0-)			4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			- ,			5			3	11.
6	Credits/Payments									***************************************	
а	2011 estimated tax payments and 2010 overpayment credited to 2011	6a									
b	Exempt foreign organizations - tax withheld at source	6b	1	***		· · ·					
C	Tax paid with application for extension of time to file (Form 8868)	6c	Î								
	Backup withholding erroneously withheld	6d	1			-					
7	Total credits and payments Add lines 6a through 6d					•	7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack	hed					8				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed						9			3	11.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid						10				
11	Enter the amount of line 10 to be Credited to 2012 estimated tax				Refu	nded 🕨	11				
Pa	t VII-A Statements Regarding Activities			-							
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation o	or dic	l it partic	ipate or	ıntervene	ın			Yes	No
	any political campaign?								1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	es (se	e ins	truction	s for def	nition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copi	es o	of any m	natenals	publish	ed or				
	distributed by the foundation in connection with the activities.										
C	Did the foundation file Form 1120-POL for this year?								10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the y	year									
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers	▶ \$				0.	_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditu	ure tax	x ımp	osed or	n founda	tion					
	managers ► \$ 0 .										
2	Has the foundation engaged in any activities that have not previously been reported to the IR	lS?							2		<u>X</u>
	If "Yes," attach a detailed description of the activities										
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	nstrum	ent,	articles	of incorp	oration,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	s							3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	?							4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?						N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?								5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T										
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	her									
	By language in the governing instrument, or										
	 By state legislation that effectively amends the governing instrument so that no mandatory 	direct	tions	that co	nflict wit	n the stat	e law				
	remain in the governing instrument?								6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?								7	X	
	If "Yes," complete Part II, col. (c), and Part XV.										J.
8a	Enter the states to which the foundation reports or with which it is registered (see instruction IN	1s) >									
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	torney	Gen	ieral (or	designa	:e)					
	of each state as required by General Instruction G? If "No," attach explanation								8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of sections.	ction 4	942((J)(3) or	4942(j)(5) for cal	endar				
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," co	omple	ete F	Part XIV					9		_X_
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule	e listing	their	r names a	nd addres	ses			10		X
								For	m 990	-PF	2011)

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Form 990-PF (2011) MIBOR FOUNDATION, INC.			31 <i>-</i> 11580	510	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No		
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire				
any voter registration drive?	_		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	г—	□		
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		□		
the prevention of cruelty to children or animals?	14b		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	•	n Regulations	N/A	E.	
section 53 4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h		nad			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi expenditure responsibility for the grant?		/A Ye	es 🗆 No		
If "Yes," attach the statement required by Regulations section 53 4945		/A	.s NU		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	· •				
a personal benefit contract?	pay premiums on		s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?		,3 <u>.22</u> NO	6b	x
If "Yes" to 6b, file Form 8870.	orsonal belieff contract.		•		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y6	s X No		
b if "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Information About Officers Discotors Tourst		nagers, Highly			
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	compensation.	1			
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e)) Expense ount, other
(a) Name and address	to position	enter -0-)	and deferred compensation		lowances
				i	
OFF CHARDING O					^
SEE STATEMENT 8		0.	0	•	0.
				İ	
				-	
<u> </u>					
The state of					
				-	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	I	1	
	(b) Title, and average		(d) Contributions to	(e)	Expense ount, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	acc	ount, other lowances
NONE			- OGVIPORIZATOR	—	
				-	
				1	
,					
				<u> </u>	
Total number of other employees gaid over \$50,000					0

0.

Total. Add lines 1 through 3

All other program-related investments. See instructions

P	arf X Minimum Investment Return (All domestic foundations m	nust complete this pai	t. Foreign four	ndations, see	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	e, etc , purposes	<u> </u>		·
а	Average monthly fair market value of securities			1a	644,876. 138,132.
b	Average of monthly cash balances			1b	138,132.
C	Fair market value of all other assets			10	
d	Total (add lines 1a, b, and c)			1d	783,008.
е	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	783,008.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount,	see instructions)		4	11,745.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on	Part V, line 4		5	771,263.
6	Minimum investment return. Enter 5% of line 5			6	38,563.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and foreign organizations check here and do not complete this part)		foundations an	d certain	
1	Minimum investment return from Part X, line 6			1	38,563.
2a	Tax on investment income for 2011 from Part VI, line 5	2a	311.		
b	Income tax for 2011 (This does not include the tax from Part VI)	2b			
C	Add lines 2a and 2b			20	311.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	38,252.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	38,252.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part	XIII, line 1		7	38,252.
P	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpose	oses			404 407
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26			1a	424,487.
b	Program-related investments - total from Part IX-B			1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitate	ole, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the				
a	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and	nd Part XIII, line 4		4	424,487.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investigations.	stment			
	income Enter 1% of Part I, line 27b			5	311.
6	Adjusted qualifying distributions Subtract line 5 from line 4			6	424,176.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years w	hen calculating whether	the foundation (nualifies for th	e section

4940(e) reduction of tax in those years

Parf XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				
line 7				38,252.
2 Undistributed income, if any, as of the end of 2011	·····	***************************************		
a Enter amount for 2010 only			0.	
b Total for prior years				
,		0.		
3 Excess distributions carryover, if any, to 2011	`			
a From 2006103,180.				
b From 2007 140,372.				
c From 2008 193,765.				
d From 2009 183,524.				
e From 2010 201, 481.				
f Total of lines 3a through e	822,322.			,
4 Qualifying distributions for 2011 from				
Part XII, line 4 ► \$ 424,487.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior		_		
years (Election required - see instructions)	<u>_</u>	0.		'
c Treated as distributions out of corpus	_		,	
(Election required - see instructions)	0.	····		
d Applied to 2011 distributable amount				38,252.
e Remaining amount distributed out of corpus	386,235.	·····		
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.		,	0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,208,557.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable	· · · · · · · · · · · · · · · · · · ·		, , , , , , ,	
amount - see instructions		0.		
e Undistributed income for 2010 Subtract line				1/ 1/
4a from line 2a Taxable amount - see instr			0.	,
f Undistributed income for 2011 Subtract	, ,	, , , , , ,		
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.	/ Linear area		
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	103,180.	//		
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	1,105,377.			·
10 Analysis of line 9		,		
a Excess from 2007 140,372.				
b Excess from 2008 193, 765.				
c Excess from 2009 183,524.				
d Excess from 2010 201, 481.				
e Excess from 2011 386, 235.				
				Farm 000 DE (0011)

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d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Informa 3 Grants and Contributions Paid During		Payment		-
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
CHRISTIAN HELP, INC. PO BOX 7112 GREENWOOD, IN 46142	NO RELATIONSHIP	501(C)(3)	AFFORDABLE HOUSING WITH ATTACHED CASE MGMT SERVICES	10,000.
COBURN PLACE SAFE HAVEN 604 EAST 38TH STREET INDIANAPOLIS, IN 46205	NO RELATIONSHIP	501(C)(3)	TRANSITIONAL HOUSING PROGRAM	5,000.
DAYSPRING CENTER PO BOX 44105 INDIANAPOLIS, IN 46244	NO RELATIONSHIP	501(C)(3)	SUPPORT	5,000.
ENGLEWOOD COMM. DEV. CORP 57 N. RURAL STREET INDIANAPOLIS, IN 46201	NO RELATIONSHIP	501(C)(3)	SUPPORT	5,000.
GENNESARET FREE CLINIC	NO RELATIONSHIP	501(C)(3)	TRANSITIONAL HOUSING	3,000.
615 N. ALABAMA ST., SUITE B INDIANAPOLIS, IN 46204			PROGRAM	5,000.
	CONTINUATION SHEE	ET(S)	▶ 3a	267,000.
b Approved for future payment NONE				
Total	-	•	▶ 3b	0.

Part XVI-A	Analysis	of Income.	Producina	Activities
Parl Avi-A	Anaivsis	or income.	Producing	Activities

Enter gross amounts unless otherwise indicated	Unrelate	d business income		ed by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code	7 moditi	code	Amount	
a	_	-			
b	_		l —		
c	_	-			
d	_				
e					
f					
g Fees and contracts from government agencies			ļ <u> </u>		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			1		
4 Dividends and interest from securities			14	14,762.	
5 Net rental income or (loss) from real estate					······································
a Debt-financed property				,	
			 		
b Not debt-financed property				- -	
6 Net rental income or (loss) from personal					
property			-		
7 Other investment income			+ +		
8 Gain or (loss) from sales of assets other			1,0	21 200	
than inventory			18	21,388.	40.260
9 Net income or (loss) from special events			-		48,268.
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a	_				
b	_				
c	_				
d	1				
e					
12 Subtotal Add columns (b), (d), and (e)	_	0.		36,150.	48,268.
13 Total. Add line 12, columns (b), (d), and (e)				13	48,268. 84,418.
(See worksheet in line 13 instructions to verify calculations	1				
				_	
Part XVI-B Relationship of Activitie	s to the Acco	omplishment of Ex	empt	Purposes	
Line No. Explain below how each activity for which ii	ncome is reported i	n column (a) of Part Y\/I-A	contribu	ted importantly to the accomm	alichment of
the foundation's exempt purposes (other th			Contribu	ited importantly to the accomp	mannant or
9 ANNUAL FUNDRAISING EV			TON	INT. STIDDORT FO	DR
EXEMPT PURPOSE	LINIO 10	INOVIDE ADDI	TION	THE DOLLOW TO	
EXEMPT PORPOSE					
		-			
	•				
		 -			
					
					·
1					

N 2 2 2

Part XVII	Information Re Exempt Organ		sfers To a	and Transactions a	and Relations	ships With Nonch	aritable		ige io
1 Did the or			of the followin	ng with any other organizati	on described in sec	tion 501(c) of	T	Yes	No
				27, relating to political organ					
	from the reporting found								
(1) Cash							1a(1)		X
(2) Other	r assets						1a(2)		X
b Other tran	isactions						Ì		
	of assets to a noncharita	· •					1b(1)		X
. ,	hases of assets from a no	•	rganization				1b(2)		X
` '	al of facilities, equipment,						1b(3)		X
. ,	bursement arrangements	;					1b(4)		X
٠,	s or loan guarantees						1b(5)		X
, ,	ormance of services or me	•	•				1b(6)	X	
•	of facilities, equipment, ma	•	•	• •	wave chaustha fair	market value of the goods	1c		
	•	•	-	edule. Column (b) should al red less than fair market vali	•			ets,	
column (d	d) the value of the goods,	other assets, or serv	ices received						
(a) Line no	(b) Amount involved			e exempt organization		n of transfers, transactions, ar	nd sharing ar	rangeme	ents
				DIANAPOLIS	SEE ST.	ATEMENT 10			
		BOARD OF	REALTO	ORS, INC.					
C	93,092.	(MIBOR)							
	· · · · · · · · · · · · · · · · · · ·			·····					
							-		
				. -					
						·			
ın section	501(c) of the Code (othe omplete the following sch	er than section 501(c) redule		1	izations described	(12)	X Yes		□ No
	(a) Name of org			(b) Type of organization	a== a==	(c) Description of relation	nship		
METROPO		NAPOLIS B	OARD	501401461	SEE STA	TEMENT 11			
OF REAL	TORS, INC.			501(C)(6)	ļ				
Sign Here	r penalties of perjury, I declare elief, it is true, correct, and con- place of officer of this tee	mplete Declaration of pr	s return, includii eparer (other tha	ng accompanying schedules and an taxpayer) is based on all inform	d statements, and to the mation of which prenar EXECU DIREC Title	er has any knowledge	May the IRS eturn with the shown below	e prepa	rer
	Print/Type preparer's na		Preparer's s		Date	Check If PTII	V		
	. τιτο τγρο ριομαίοι 3 ΙΙΙ		//	n		self- employed	-		
Paid	AMANDA MEK	CPA	1/1	- P. CPA	7/30/12		01062	615	i
Preparer	Firm's name GRE		AS, IN	iC.	1	Firm's EIN ▶ 35-			
Use Only	Filli S Haille - GRE	LIMIL CF	110, 11			THIN S EIN P 33			
Joe Only	Firm's address ► 5 3	342 W. VER	MONT S	TREET					
	1	DIANAPOLI				Phone no 317	-241-	299	9
			_,				Form 99 0		

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2011

MIBOR FOUNDATION, INC 31-1158610 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 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** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. Special Rules For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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 Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

MIBOR	FOUNDATION, INC.	31	-1158610
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHICAGO TITLE INSURANCE COMPANY 1642 W SMITH VALLEY RD STE B GREENWOOD, IN 46142	\$9,217.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WESTERN DIVISION OF MIBOR 600 N. HIGH SCHOOL ROAD INDIANAPOLIS, IN 46214	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SCHEETZ, MICK 270 E CARMEL DR CARMEL, IN 46032	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SMITH, KRISTIE 4630 LISBORN DRIVE CARMEL, IN 46033	\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	KELLER WILLIAMS 11550 N. MERIDIAN STREET, SUITE 450 CARMEL, IN 46032	\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP ÷ 4	(c) Total contributions	(d) Type of contribution
6	NATIONAL BANK OF INDIANAPOLIS 107 N. PENNSYLVANIA STREET, SUITE 700 INDIANAPOLIS, IN 46204	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MIBOR FOUNDATION, INC.

31-1158610

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SULLIVAN, STEVE 1912 N. MERIDIAN STREET INDIANAPOLIS, IN 46202	\$6,545.	Person X Payroll Noncash (Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	UNITED CONSULTING 1625 N. POST ROAD INDIANAPOLIS, IN 46219	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	INDIANA ASSOCIATION OF REALTORS 7301 N. SHADELAND AVENUE, SUITE A INDIANAPOLIS, IN 46250	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	SENTRILOCK, LLC 2710 E. KEMPER ROAD CINCINNATI, OH 46241	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

MIBOR FOUNDATION, INC.

31-1158610

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(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
		\$	

nization		Employer identification number
FOUNDATION. INC.		31-1158610
Exclusively religious, charitable, etc., indivi year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc	e following line entry. For organizatio , contributions of \$1,000 or less for)(7), (8), or (10) organizations that total more than \$1,000 for the
		(d) Description of how gift is held
	(e) Transfer of gif	
Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and	(e) Transfer of gif	t Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	t
Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	<u> </u>
Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
	FOUNDATION, INC. Exclusively religious, charitable, etc., indivivear. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additiona (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	FOUNDATION, INC. Exclusively religious, charitable, etc., individual contributions to section 501(c year. Complete columns (a) through (e) and the following line entry. For organization to total of exclusively religious, charitable, etc., contributions of \$1,000 or less for Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Use of gift (e) Use of gift

FORM 990-PF DIVIDEND	S AND INTE	EREST FROM	SECU	RITIES	STATEMENT	1
SOURCE	GROS	SS AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A) AMOUNT	
DIVIDEND INCOME INTEREST INCOME		12,820. 1,942.		0.	12,820 1,942	
TOTAL TO FM 990-PF, PART I, L	N 4	14,762.		0.	14,762	2 .
FORM 990-PF	OTHER	INCOME			STATEMENT	2
DESCRIPTION		(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	_	81,4	72.	0.	. 81,472	2.
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	81,4	72.	0.	81,472	2.
FORM 990-PF	ACCOUNT	TING FEES			STATEMENT	3
DEGGRAPHION	(A) EXPENSES	(B) NET INVE	ST-	(C) ADJUSTED	(D)	rto
DESCRIPTION	PER BOOKS	MENT INC		NET INCOME	CHARITABI E PURPOSES	
	6,900				E PURPOSES	s —
).	OME	NET INCOME	PURPOSES 3,450	s 0.
ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B	6,900).	0. 0.	NET INCOME	PURPOSES 3,450	0. 0.
ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B	6,900	ESSIONAL FE (B) NET INVE	O. O. SES	NET INCOME	E PURPOSES 0. 3,450 0. 3,450 STATEMENT (D) CHARITABI	0. 0. 4
ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B FORM 990-PF O	6,900 6,900 THER PROFE (A) EXPENSES	ESSIONAL FE (B) NET INVE MENT INC	O. O. SES	(C) ADJUSTED NET INCOME	E PURPOSES 0. 3,450 0. 3,450 STATEMENT (D) CHARITABI	0. 0. 4

FORM 990-PF	OTHER E	XPENSES			ST	ATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		(D) CHARITA PURPOS	
INVESTMENT FEES	5,055.	5,0	55		0.	-	0.
MISCELLANEOUS EXPENSE	37.	3,0	0.		0.		37.
COMMITTEE EXPENSE	2,770.		Ö.		0.	2,7	
STAFF TRAINING AND DEVLPT	985.		0.		0.		85.
COMPUTER SUPPORT AND							
SOFTWARE	350.		0.		0.	3.	50.
MARKETING EXPENSE	19,307.		0.	9,65	3.	9,6	54.
POSTAGE	1,457.		0.		0.	1,4	57.
PHONE EXPENSE	1,504.		0.		0.	1,5	
DONOR CULTIVATION	1,349.		0.		0.	1,3	49.
SPECIAL EVENTS DIRECT							
EXPENSES	33,201.		0.	33,20			0.
OFFICE EXPENSES	1,712.		0.		0.	1,7	12.
TO FORM 990-PF, PG 1, LN 23	67,727.	5,0	55.	42,85	57.	19,8	18.
FORM 990-PF U.S. AND S	STATE/CITY G	OVERNMENT	OBLI	GATIONS	ST	ATEMENT	
FORM 990-PF U.S. AND S	U.S GOV'	• OTHER		GATIONS K VALUE		ATEMENT IR MARKE VALUE	_
	U.S	• OTHER				IR MARKE	T
DESCRIPTION	U.S GOV''	• OTHER		K VALUE		IR MARKE VALUE	T 67.
DESCRIPTION FIXED INCOME INVESTMENTS	U.S GOV'' X	OTHER GOV'T		80,167.		IR MARKE VALUE 80,1	T 67.
DESCRIPTION FIXED INCOME INVESTMENTS TOTAL U.S. GOVERNMENT OBLIGAT	U.S GOV'' X TIONS VERNMENT OBL	OTHER GOV'T		80,167.		IR MARKE VALUE 80,1	T 67.
DESCRIPTION FIXED INCOME INVESTMENTS TOTAL U.S. GOVERNMENT OBLIGAT TOTAL STATE AND MUNICIPAL GOV	U.S GOV'' X TIONS VERNMENT OBL	OTHER GOV'T GOV'T GATIONS =		80,167. 80,167.	FA	IR MARKE VALUE 80,1 80,1	67 67
DESCRIPTION FIXED INCOME INVESTMENTS TOTAL U.S. GOVERNMENT OBLIGAT TOTAL STATE AND MUNICIPAL GOV TOTAL TO FORM 990-PF, PART II	U.S GOV'' X TIONS VERNMENT OBL	OTHER GOV'T GOV'T GATIONS =	ВОО	80,167. 80,167.	FA	IR MARKE VALUE 80,1 80,1	67.
DESCRIPTION FIXED INCOME INVESTMENTS TOTAL U.S. GOVERNMENT OBLIGAT TOTAL STATE AND MUNICIPAL GOV TOTAL TO FORM 990-PF, PART II	U.S GOV'' X TIONS VERNMENT OBL	OTHER GOV'T GOV'T GATIONS =	ВОО	80,167. 80,167. 80,167.	FA	IR MARKE VALUE 80,1 80,1 80,1 ATEMENT IR MARKE	67.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS

STATEMENT

	S AND FOUNDATION MANAG			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
JERI BALLANTINE 1912 N MERIDIAN ST INDIANAPOLIS, IN 46202	DIRECTOR 0.00	0.	0.	0.
KAYE HIRT-EGGLESTON 1912 N MERIDIAN ST INDIANAPOLIS, IN 46202	DIRECTOR 0.00	0.	0.	0.
REGINA JONES 1912 N MERIDIAN ST INDIANAPOLIS, IN 46202	PAST PRESIDENT 0.00	0.	0.	0.
BRUCE BRIGHT 1912 N MERIDIAN ST INDIANAPOLIS, IN 46202	PRESIDENT ELECT	0.	0.	0.
DAN BOWDEN 1912 N MERIDIAN ST INDIANAPOLIS, IN 46202	MEMBER 0.00	0.	0.	0.
DIANE BUSSELL 1912 N MERIDIAN ST INDIANAPOLIS, IN 46202	DIRECTOR 0.00	0.	0.	0.
JODI O'NEILL 1912 N MERIDIAN ST INDIANAPOLIS, IN 46202	DIRECTOR 0.00	0.	0.	0.
DON HUNTER 1912 N MERIDIAN ST INDIANAPOLIS, IN 46202	DIRECTOR 0.00	0.	0.	0.
JOYCE SCOTTEN 1912 N MERIDIAN ST INDIANAPOLIS, IN 46202	PRESIDENT 0.00	0.	0.	0.
NICK TILLEMA 1912 N MERIDIAN ST INDIANAPOLIS, IN 46202	DIRECTOR 0.00	0.	0.	0.
CINDY SYLVESTER 1912 N MERIDIAN ST INDIANAPOLIS, IN 46202	DIRECTOR 0.00	0.	0.	0.

MIBOR FOUNDATION, INC.		5 ¥	· 31-1	158610
GAIL WATTS 1912 N MERIDIAN ST INDIANAPOLIS, IN 46202	SECRETARY 0.00	0.	0.	0.
LYNETTE WUETHRICH 1912 N MERIDIAN ST INDIANAPOLIS, IN 46202	DIRECTOR 0.00	0.	0.	0.
BILL HACKER 1912 N MERIDIAN ST INDIANAPOLIS, IN 46202	DIRECTOR 0.00	0.	0.	0.
KATHERINE GRIFFIN 1912 N MERIDIAN ST INDIANAPOLIS, IN 46202	DIRECTOR 0.00	0.	0.	0.
TOM JOHNSON 1912 N MERIDIAN ST INDIANAPOLIS, IN 46202	DIRECTOR 0.00	0.	0.	0.
KEVIN KIRKPATRICK 1912 N MERIDIAN ST INDIANAPOLIS, IN 46202	DIRECTOR 0.00	0.	0.	0.
JEFFREY RISLEY 1912 N MERIDIAN ST INDIANAPOLIS, IN 46202	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VIII	0.	0.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

THE REALTOR FOUNDATION, C/O MOLLY HAHN 1912 N. MERIDIAN STREET INDIANAPOLIS, IN 46202

TELEPHONE NUMBER

317-956-5255

FORM AND CONTENT OF APPLICATIONS

THE MIBOR REALTOR FOUNDATION REQUIRES A FORMAL APPLICATION PROCESS. FOR MORE INFORMATION ON THIS PROCESS, INCLUDING CURRENT YEAR APPLICATIONS, PLEASE CONTACT THE DEVELOPMENT COORDINATOR, MOLLY HAHN AT 317-956-5050 OR VIA EMAIL AT MOLLYHAHN@REALTORFOUNDATION.COM.

ANY SUBMISSION DEADLINES

DEADLINE FOR SUBMISSION FOR REQUEST FOR PROPOSAL IS GENERALLY EARLY-TO-MID

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION WILL NOT CONSIDER REQUESTS FROM ORGANIZATIONS THAT DO NOT PROVIDE A HOUSING COMPONENT WITHIN THEIR CORE SERVICES. REQUESTS MAY INCLUDE SUPPORTIVE SERVICES FOR SHELTER FACILITIES. REQUESTS FOR OPERATING FUNDS, SPECIFIC PROGRAMS, OR CAPITAL FUNDS ARE ACCEPTABLE.

FUNDING WILL ASSIST ORGANIZATIONS OR RESIDENTS IN THE MIBOR SERVICE AREA WHICH INCLUDES BOONE, BROWN, HAMILTON, HANCOCK, HENDRICKS, JOHNSON, MARION, MONTGOMERY, MORGAN, AND SHELBY COUNTIES.

ORGANIZATIONS MAY SEEK FUNDING, UP TO \$20,000, FOR PROJECTS THAT MEET THE GUIDELINES AND MISSION OF THE REALTOR FOUNDATION. THE FOUNDATION RESERVES THE RIGHT TO LIMIT THE AMOUNT OF MONEY AWARDED OR TO EXCEED THE GRANT REQUEST IF WARRANTED. DUE TO LIMITED AVAILABLE FUNDING, NOT ALL APPLICATIONS MAY BE APPROVED.

10

990-PF

INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS
PART XVII, LINE 1, COLUMN (D)

STATEMENT

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

METROPOLITAN INDIANAPOLIS BOARD OF REALTORS, INC. (MIBOR)

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

A SMALL FRACTION OF MIBOR'S EMPLOYEE TIME IS SPENT ON THE FOUNDATION; AND THEREFORE, IS RECORDED AS AN EXPENSE TO THE MIBOR FOUNDATION.

MIC50 2

990-PF

AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART XVII, LINE 2, COLUMN (C)

STATEMENT 11

NAME OF AFFILIATED OR RELATED ORGANIZATION

METROPOLITAN INDIANAPOLIS BOARD OF REALTORS, INC.

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

ALL MEMBERS OF THE MIBOR FOUNDATION BOARD MUST BE MEMBERS OF THE 501(C)(6) ORG.

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	 	
HANCOCK HOPE HOUSE	NO RELATIONSHIP	501(C)(3)	HANDICAPPED ACCESS	
35 E. PIERSON ST GREENFIELD, IN 46140			INITIATIVE	5,000
GREENFIELD, IN TOTAL			-	3,000
HOLY FAMILY SHELTER	NO RELATIONSHIP	501(C)(3)	TRANSITIONAL HOUSING	
907 N. HOLMES AVENUE			PROGRAM	
INDIANAPOLIS, IN 46222				5,000
DAMIEN CENTER	NO RELATIONSHIP	501(C)(3)	TRANSITIONAL HOUSING	
26 N. ARSENAL AVENUE			PROGRAM	v
INDIANAPOLIS, IN 46201				3,500
PATHWAY TO RECOVERY 2135 N. ALABAMA STREET	NO RELATIONSHIP	501(C)(3)	SUPPORTIVE HOUSING	
INDIANAPOLIS, IN 46202		ļ		10,000
				,
PROMISING FUTURES	NO RELATIONSHIP	501(C)(3)	SUPPORT	
294 9TH STREET				
NOBLESVILLE, IN 46060				4,334
SHELTERING WINGS CENTER FOR WOMEN PO BOX 92	NO RELATIONSHIP	501(C)(3)	TRANSITIONAL HOUSING PROGRAM	
DANVILLE IN 46122			PROGRAM	8,333
,				,,,,,
JOHN H. BONER COMMUNITY CENTER	NO RELATIONSHIP	501(C)(3)	SUPPORT	
2236 E. 10TH STREET				
INDIANAPOLIS, IN 46201				167,000
TURNNG POINT FAMILY CENTER 9003 E. 46TH STREET	NO RELATIONSHIP	501(C)(3)	SUPPORT	
INDIANAPOLIS IN 46235				5,000
DESERT ROSE FOUNDATION	NO RELATIONSHIP	501(C)(3)	SUPPORT	
PO BOX 71754				
MARTINSVILLE, IN 46151				5,000
DOVE RECOVERY HOUSE 14 N. HIGHLAND AVENUE	NO RELATIONSHIP	501(C)(3)	SUPPORT	
INDIANAPOLIS, IN 46201				5,000
Total from continuation sheets				237,000

3 Grants and Contributions Paid During the	fear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
JADIMAM BOD UIWANIMY OF HAWIIMON	NO DEL AMIONGUID	E01/G\/3\	GUDDOD#	
HABITAT FOR HUMANITY OF HAMILTON	NO RELATIONSHIP	501(C)(3)	SUPPORT	
17902 US 31 HIGHWAY N, SUITE 4				
WESTFIELD, IN 46074				1,50
PAM'S PROMISE	NO RELATIONSHIP	501(C)(3)	SUPPORT	
PO BOX 405				
CRAWFORDSVILLE , IN 47933				5,00
PROGRESS HOUSE, INC.	NO RELATIONSHIP	501(C)(3)	SUPPORT	
201 S. SHELBY STREET				
INDIANAPOLIS, IN 46202				
PROJECT HOME INDY	NO RELATIONSHIP	501(C)(3)	SUPPORT	
32 E. 32ND STREET INDIANAPOLIS, IN 46205				5,00
TABLE OF THE TOTAL OF THE TABLE				3,00
WELLSPRING (COMMUNITY SERVICE CENTER	NO RELATIONSHIP	501(C)(3)	SUPPORT	
OF MORGAN COUNTY)				
301 W. HARRISON STREET MARTINSVILLE, IN 46151				E 00
MARIINSVIDLE, IN \$0131		-		5,00
. 7157.2				
Total from continuation sheets				

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

 \triangleright X If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. print 31-1158610 MIBOR FOUNDATION, INC. File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1912 N. MERIDIAN STREET City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 46202 INDIANAPOLIS, IN Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return Return **Application** Code Code Is For Is For Form 990 01 Form 990-T (corporation) 02 Form 1041-A 80 Form 990-BL Form 4720 09 Form 990-EZ 01 10 Form 5227 Form 990-PF 11 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 12 Form 990-T (trust other than above) Form 8870 JENNY NORRIS The books are in the care of ▶ 1912 N. MERIDIAN ST. - INDIANAPOLIS, IN 46202 Telephone No ► 317-956-5000 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box _. If this is for the whole group, check this If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box If it is for part of the group, check this box I and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012 ___, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2011 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3a nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. 3ь estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, 0. by using EFTPS (Electronic Federal Tax Payment System). See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. Form 8868 (Rev. 1-2012) For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

123841 01-04-12