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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

2012

Open to Public

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

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A F	or the	2012 calendar year, or tax year beginning	and	ending						
	heck if	C Name of organization			D Employer identification number					
	pplicable									
_	Addre	S   Carmel-Clay Educational	Foundation T	na						
	_lchang Name	2 1 = 3			ا ہ۔ ر	0.0010				
<u>X</u>	∟cnang		tion Foundation	n	35-6	066912				
	Initial return	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone number	r				
	Termir ated	5201 E. Main Street		317-	844-9961					
一	Amend		G Gross receipts \$	176,853.						
$\vdash$	_Ireturn □Applic									
	⊥tiòn pendir				H(a) Is this a group re					
	•	F Name and address of principal officer: KY16			for affiliates?	Yes X No				
		5201 E. Main Street, Car	mel, IN 46033		<b>Н(b)</b> Are all affiliates inc	luded? Yes No				
ΙT	ax-exe	mpt status: 🗶 501(c)(3)	(insert no.) 4947(a)(1)	or 52	If "No." attach a	list. (see instructions)				
		e: www1.ccs.k12.in.us/foun			H(c) Group exemption	•				
			ociation Other	I. Von		State of legal domicile: IN				
_	_		OCIATIONOTHER	L Teal	OF IOTHIALION. 1700 N	State of legal doffficile. 114				
Pa	rt I	Summary			<del>,-,-</del>					
0	1	Briefly describe the organization's mission or most s	significant activities: ${f TO}$ ${f D}$	rovid	e scholarshi	ps and				
Š		grants to students and tea	chers in the C	$\mathtt{armel}$	-Clay commun	ity.				
Ë	2	Check this box 🕨 🔲 if the organization discont	inued its operations or dispos	sed of mo	e than 25% of its net as	ssets.				
Š	1	Number of voting members of the governing body (I			3	17				
Ğ	l	5 5 7 1	•		4	17				
≪ಶ	1	Number of independent voting members of the gove	- · · · · · · · · · · · · · · · · · · ·		<u> </u>					
Activities & Governance	1	Total number of individuals employed in calendar ye	ear 2012 (Part V, line 2a)		5					
Χİ	6	Total number of volunteers (estimate if necessary)			6	190				
ct	7 a	Total unrelated business revenue from Part VIII, colu	umn (C), line 12		7a	0.				
-	ь	Net unrelated business taxable income from Form 9	90-T. line 34		7b	0.				
			.,		Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1b)			225,528.	91,576.				
	1	Contributions and grants (Part VIII, line 1h)		<u> </u>	0.	0.				
le l	9	Program service revenue (Part VIII, line 2g)			• •					
Şè,		nvestment income (Part VIII, column (A), lines 3, 4,	•		37,928.	34,645.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		42,734.	33,083.				
	12	Total revenue - add lines 8 through 11 (must equal F	Part VIII,-column (A), line 12)		306,190.	159,304.				
	13	Grants and similar amounts paid (Part IX, column (A	), lines 1-3)		76,319.	82,828.				
		Benefits paid to or for members (Part IX, column (A)	f 1 1 = 1/m	in F	0.	0.				
,,		Salaries, other compensation, employee benefits (P			71,437.	46,257.				
Şe		• • •	1631 1000	7(3)	0.	0.				
Expenses		Professional fundraising fees (Part IX, column (A), lin	1 1 400 / 14	530 (C)	<u> </u>	<u></u>				
×	b	Total fundraising expenses (Part IX, column (D), line	25)	108 ·10						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)	101	28,125.	30,721.				
	18	Total expenses Add lines 13-17 (must equal Part IX	, column (A), line 25)	7	175,881.	159,806.				
		Revenue less expenses. Subtract line 18 from line 1	, ,	<u> </u>	130,309.	-502.				
28				,	eginning of Current Year	End of Year				
Net Assets or Fund Balances		Total assets (Bort V. Iron 10)		۲	1,482,716.	1,588,811.				
Sse	20	Total assets (Part X, line 16)		-						
nd A	21	Total liabilities (Part X, line 26)		_	0.	0.				
		Net assets or fund balances. Subtract line 21 from I	ine 20		1,482,716.	1,588,811.				
Pa	ırt II	Signature Block								
Unde	er pena	ties of perjury, I declare that I have examined this return, ii	ncluding accompanying schedule	s and stater	nents, and to the best of m	y knowledge and belief, it is				
true.	correc	t, and complete Declaration of preparer other than officer	) is based on all information of wh	hich prepare	r has any knowledge.					
		MILARITE			15-15-	. 3				
o:		Signature of office	<del></del>		Date	1				
Sigr		, ,								
Her	е	Kyle Harlemert, Treasur	er							
		Type or print name and title		<del> </del>	N-1-	II brill				
		• • •	Preparer's signature		Date Check	PTIN				
Paid	ı	Candace T Graham			5/15/13 If self-emptoy	<sub>ed</sub> №00047979				
Pren	агег	Firm's name Alerding & Compar	y, LLC	•	Firm's EIN	35-2043580				
4404 - 0611 - 100										
	J.11.y		46240		Dhora na /	317) 569-4181				
					Phone no. (	X Vac No				
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Form **990** (2012)

	930 (2012) Carmel-Clay Educational Foundation, Inc. 35-6066912 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
	The organization's primary exempt purpose is to promote, sponsor, and
	carry out educational, scientific, cultural, and charitable purposes
	through scholarships and grants to students and teachers in the
	Carmel-Clay community.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$105,162. including grants of \$76,589. ) (Revenue \$)
	The Organization awards annually scholarships to graduating Carmel High
	School seniors who plan to pursue higher education. The total amount
	awarded during 2012 was \$76,589, to 82 recipient's schools. The
	organization awards these scholarships in the spring and pays them over
	the summer.
4b	(Code) (Expenses \$8,566. including grants of \$6,239. ) (Revenue \$)
	The Organization awards educational grants to further the development
	of excellence in instruction and student achievement. During the
	current year, the Organization awarded 8 grants totaling \$6,239.
	<del></del>
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 113,728.
	Form <b>990</b> (2012)

Form 990 (2012) Carmel-Clay Educational Foundation, Inc. 35-6066912

Part IV Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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	•		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		<u> </u>
7	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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
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, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u> _
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			77
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	-	<u>X</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			
9	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		х
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	11b	х	
С	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	11c		X
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	11d		_X_
ę	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
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	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	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? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	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		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	!		
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	_ v	
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18	X	
19	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	(2012)

	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	05h		v
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	26		х
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20	<del> </del>	Λ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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			-25
20	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	İ		1
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33_		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	L	X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u>-</u> _
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38_	<u> </u>	(0011
		⊢orm	990	(2012

	Check if Schedule O contains a response to any question in this Part V										
			Yes	No							
1a	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										
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming										
	(gambling) winnings to prize winners?	1c									
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 0										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O										
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
b	If "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.										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		Х							
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c_									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		X							
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).	7a		х							
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?											
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?										
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		X							
	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		х							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
_	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7 <u>9</u> 7h									
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									
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the organization make any taxable distributions under section 4966?	9a									
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter.										
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter										
а	Gross income from members or shareholders 11a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a_		l							
	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			7,							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х							
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b_		L							

Form 990 (2012) Carmel-Clay Educational Foundation, Inc. 35-6066912 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			X							
Sec	tion 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 17										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 17										
2											
	officer, director, trustee, or key employee?										
3	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?										
4											
5											
6	Did the organization have members or stockholders?	6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	ın Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	X								
b	Other officers or key employees of the organization	15b		X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a_		X							
b	If "Yes," did the organization follow a written policy or procedure requining the organization to evaluate its participation										
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►IN										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	le								
	for public inspection. Indicate how you made these available Check all that apply										
	Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fınar	rcial								
	statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ion: 🕨									
	Stephanie McDonald - 317-844-9961	-									
	5201 E. 131st Street, Carmel, IN 46033										

Form 990 (2012)	Carmel-Clay				35-6066912	Page 7
Dart VIII Componer	stion of Officers Direct	tora Trustana Kar	Employees High	ant Cam	annoted	

## Part VII 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

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	ído	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unte	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week		officer and a director/trustee)		from the	from related organizations	other compensation			
	(list any hours for	Individual trustee or director		1		Đ		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(11 2) 1000 111100)	organization
	organizations	trust	a tr		oyee	ompe				and related
	below	vidua	Institutional trustee	둉	Key employee	Highest compensated employee	Former			organizations
	line)	ш	ıısı	Officer	Ş.	E E	虚			
(1) Barbara Danquist	40.00									_
Co-Executive Director		X		X				0.	9,183.	0.
(2) Stephanie McDonald	40.00							_		_
Co-Executive Director		X		X				0.	9,183.	0.
(3) Dorothy Ilgen	40.00									
Executive Director (1/2012 to 8/2012		X		X				0.	22,500.	0.
(4) Keitha Grace Libman	2.00									
President (6/2012-6/2013)		X		X				0.	0.	0.
(5) Dan Mader	2.00		ľ							_
President (6/2011-6/2012)		X		X			_	0.	0.	0.
(6) Jason King	2.00									
VP (6/2012-6/2013)		X		X	L.	ļ		0.	0.	0.
(7) Michelle Krcmery	2.00									_
VP (6/2011-6/2012)		X		X			<u> </u>	0.	0.	0.
(8) Janet Corbin	2.00									
Secretary (6/2011-6/2013)		X		X				0.	0.	0.
(9) Kyle Harlemert	2.00								•	_
Treasurer (6/2012-6/2013)		X		X				0.	0.	0.
(10) Jim Mahoney	2.00									
Treasurer (6/2011-6/2012)		X		X				0.	0.	0.
(11) Philip Schallwig	2.00							,		
Director		X						0.	0.	0.
(12) Dana Green	2.00									
Director		X	L.		<u> </u>			0.	0.	<u> </u>
(13) Jason King	2.00				Ī					
Director	_	X						0.	0.	0.
(14) Stephanie Carlson Curtis	2.00									
Director		X						0.	0.	0.
(15) Kathy Womble	2.00									
Director		X				L_	L_	0.	0.	0.
(16) John Ridge	2.00									
Director		X	_			_		0.	0.	0.
(17) Michael Dalman	2.00									
Director		X						0.	0.	0.
										Form 990 (2012)

Part VII Section A. Officers, Directo		mplo i	yee			ligh	<u>est</u>			
` (A)	(B)			_ (C				(D)	(E)	(F)
Name and title	Average hours	(cl		Posi all t			ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per							from	from related	other
	week (list any	قِ ا				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	drec				ша ра		(W-2/1099-MISC)	(** 27 1000 111100)	organization
	related	stee o	rustee			Den Sa	ĺ			and related
	organizations	ual tru	onal t		ploye	E CO				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Sharleen Miller	2.00							<u>-</u>		<u>-</u> .
Director		X						0.	0.	0
(28) Gregory Osborne	2.00	1								_
Director		X				ļ		0.	0.	0
(29) Jill Pilcher Reese Director	2.00	x						0.	0.	0
(30) Cory Rhea	2.00								0.	0
Director	2.00	x						0.	0.	0
(31) Jennifer Robbins	2.00									
Director		X						0.	0.	0
(32) Elizabeth Evans	2.00									
Director		X						0.	0.	0
(33) Jeff Swensson	2.00									
Ex-Officio		X						0.	0.	0
	-	-								
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Carmel-Clay Educational Foundation, Inc. 35-6066912 Page 9 Form 990 (2012) Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under sections 512, 513, or 514 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 91,576. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$\_ 91,576. h Total. Add lines 1a-1f Business Code f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 19,771. 19,771. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (II) Other 14,874 assets other than inventory b Less cost or other basis 0 and sales expenses 14,874. c Gain or (loss) 14,874. 14,874. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 49,160 Part IV, line 18 17,549. b Less. direct expenses 31,611. c Net income or (loss) from fundraising events 31,611. 9 a Gross income from gaming activities See Part IV. line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 1,472. 11 a Capital Gain Distribut 900999 1,472.

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

1,472.

159,304.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (B) Program service (D) Fundraising (C) (A) Total expenses Do not include amounts reported on lines 6b. Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 6,239. 6,239. organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 76,589 76,589 the United States See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 40,866. 18,390. 8,582. 13,894. trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 3,670. 1,652. 771. 1,247. 9 Other employee benefits Payroll taxes 1,721. 775. 361. 10 Fees for services (non-employees) a Management **b** Legal 5,256. 5,256. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 7.775. 3,628 5,875. 17.278. investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 647. 647 12 Advertising and promotion 2,855. 1,285. 600. 970. Office expenses 13 526. 237. 110. 179. Information technology 14 Royalties 15 Occupancy 16 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,266. 1,266. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 972. 972. a Credit Card Charges 911. ь Fundraising expenses 911. 602. c Scholarship and Grant E 602. d Miscellaneous 408. 184. 86. 138. e All other expenses 25 Total functional expenses. Add lines 1 through 24e 159,806. 113,728. 20,660. 25,418. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ıf following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year 106,749. 2,791. 1 Cash - non-interest-bearing 207,941. 135,468. Savings and temporary cash investments 2 3 50. 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net Inventones for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 11 Investments - publicly traded securities 11 1,240,499. 1,378,029. 12 Investments - other securities See Part IV. line 11 12 13 13 Investments - program-related See Part IV, line 11 Intangible assets 14 14 15 15 Other assets See Part IV, line 11 1,482,716. 1,588,811. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here \( \bigvee \text{X} \) and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances <u>427,611.</u> <u>565,641.</u> Unrestricted net assets 27 50,748. 163,511. 28 Temporarily restricted net assets 891,594. 972,422. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 1,482,716. 1,588,811. 33 Total net assets or fund balances 33 482,716. 1,588,811. 34 Total liabilities and net assets/fund balances

	990 (2012) Carmel-Clay Educational Foundation, Inc.	35-60	66912	Page <b>12</b>							
Pa	rt XI Reconciliation of Net Assets										
	Check if Schedule O contains a response to any question in this Part XI										
	•										
1	Total revenue (must equal Part VIII, column (A), line 12)	1		304.							
2	Total expenses (must equal Part IX, column (A), line 25)	2	159	,806 <u>.</u> -502.							
3	Revenue less expenses Subtract line 2 from line 1										
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,482	<u>2,716.</u>							
5	Net unrealized gains (losses) on investments	5	106	<u>,997.</u>							
6	Donated services and use of facilities	_6									
7	Investment expenses	_ 7									
8	Prior period adjustments	8		-400.							
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,										
	column (B))	10	1,588	3,811.							
Pa	rt XII Financial Statements and Reporting										
	Check if Schedule O contains a response to any question in this Part XII										
				Yes No							
1	Accounting method used to prepare the Form 990 X Cash Accrual Other										
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a									
	separate basis, consolidated basis, or both										
	Separate basis Consolidated basis Both consolidated and separate basis										
b	Were the organization's financial statements audited by an independent accountant?		2b	X							
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,									
	consolidated basis, or both			į							
	Separate basis Consolidated basis Both consolidated and separate basis										
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,									
	review, or compilation of its financial statements and selection of an independent accountant?		2c								
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.									
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt		]							
	Act and OMB Circular A-133?	-	3a	_ <u> </u>							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit									
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b								
			Form 9	990 (2012)							

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of t	he organizat	ion	<u>-</u> .					E	mployer	identification	on nu	mber
			Clay Educati						3	5-6066	912	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	) See inst	ructions				
The organ	ization is not a	a private foundation	because it is (For lines 1	1 through	11, check	only one b	ox)					
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2 🔲	A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E)								
з 🔲	A hospital or	a cooperative hospi	tal service organization (	described	ın section	170(b)(1)	(A)(iii).					
4 🔲	A medical re	search organization	operated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(ii	ii). Enter t	the hospital'	s nam	ie,
	city, and stat	te:										
5 🗌	An organizat	on operated for the	benefit of a college or ur	niversity o	wned or op	erated by	a governi	nental un	t describ	ed ın		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🗌	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1	I)(A)(v).					
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general	public desci	ıbed ı	n
	section 170	(b)(1)(A)(vi). (Comple	te Part II)									
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗀	An organizat	on that normally rec	eives (1) more than 33 °	1/3% of its	support f	rom contri	butions, m	nembershi	ip fees, ai	nd gross red	eipts	from
	activities rela	ited to its exempt fui	nctions - subject to certa	aın exceptı	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	ınvest	ment
	income and	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization	after June 3	ე, 197	75.
	See section	509(a)(2). (Complete	e Part III.)									
10			perated exclusively to te									
11 🔲			perated exclusively for the									or
			ations described in secti				2) See <b>se</b> o	tion 509(	(a)(3). Ch	eck the box	that	
		· · · · · · · · · · · · · · · · · · ·	organization and compl		-							
	a Type		· · · · · · · · · · · · · · · · · · ·	ype III · Fu	-	-		• •		n-functionall		-
e 📖			at the organization is not									ın
_			han one or more publicly						9(a)(1) or	section 509	(a)(2)	
f			tten determination from t	ine IHS tha	atitisa iy	ре і, туре	ii, or Type	) III				_
_		rganization, check th				. <b>.</b>	-6 46 - 6-11					
g	-		organization accepted ar lirectly controls, either al								Yes	No
			upported organization?	one or tog	eulei willi	persons c	iescribeu i	ii (ii) ai iu (	(III) DelOw,	11g(i)	163	140
	_		n described in (i) above?							11g(ii)		
		•	person described in (i) o		۵2					11g(iii)		
h	• •	•	about the supported or							119()		L
	i iovido trio i	ollowing imorniation	about the supported of	gamzanom	(0)							
(i) Name	of supported	(::) EIN	(iii) Type of organization	(iv) Is the o	roanization	(v) Did voi	ı notify the	(vi) ls	s the	(vii) Amount	of mo	notany
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) la	sted in your	organizat	ion in col.	organizáti (i) organiz	on in col. I	Supj		i i G Lai y
U. 90			above or IRC section	governing	document?	(i) of you	r support?	Ü.S	5.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
	<del></del>	-		_								
Total		1	1	1	1	Ì	ł	I	1			

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

Schedule A (Form 990 or 990-EZ) 2012

## Schedule A (Form 990 or 990-EZ) 2012 Carmel-Clay Educational Foundation, Inc.35-6066912 Page 2 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")	34,620.	246,989.	19,211.	225,528.	91,576.	617,924.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	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	34,620.	246,989.	19,211.	225,528.	91,576.	617,924.
5	The portion of total contributions		•	•	•		<u>-</u>
	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)						306,449.
6	Public support. Subtract line 5 from line 4	_					311,475.
	ction B. Total Support						J11, 175.
_	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	34,620.	246,989.	19,211.	225,528.	91,576.	617,924.
	Gross income from interest,					<u> </u>	
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	34,275.	19,581.	29,159.	38,245.	36 117	157,377.
9	Net income from unrelated business	J=,2/J.	13,301.	20,100.	30,243.	30,11,	137,377.
3	activities, whether or not the					:	
	business is regularly carried on						
40	• •						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						775,301.
	Total support. Add lines 7 through 10					40	113,301.
12	•	•	•	4 6		12	
13	First five years. If the Form 990 is for	=	ilirst, second, third	i, iourth, or iith ta	ix year as a section	11 50 1(0)(3)	
Sec	organization, check this box and storection C. Computation of Publ		rcentage				
	Public support percentage for 2012 (I			olumo (fl)		14	40.17 %
	Public support percentage from 2011			olumin (i))		15	39.08 %
	33 1/3% support test - 2012. If the c	•	•	line 13 and line	! 1.4 ie 33 1/3% or m		
IUa	stop here. The organization qualifies	•		rille 13, and ille	14 13 00 1/0/0 01 11	iore, check this be	<b>►</b> X
	33 1/3% support test - 2011. If the c		-	no 12 or 160, and	lino 15 io 22 1/20/	or more check th	
U	and stop here. The organization qual	•			IIIIe 13 is 33 1/3/0	of more, check ti	IIS DOX
47.	,	·			12 160 or 16b s	and line 14 is 10%	or more
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	•	t iv now the organ	iization ⊾ 🥅
_	meets the "facts-and-circumstances"	_	·		_	17a an 11 : 45	100/ -
b	10% -facts-and-circumstances test	•					
	more, and if the organization meets the				•		,
	organization meets the "facts-and-circ		-				<b>₽</b>
<u>18</u>	Private foundation. If the organization	n did not check a l	box on line 13, 16a	ı, 16b, 17a, or 17b	o, check this box a		s PL

## Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

•				
Complete only if you	checked the box on line 9 of Part	t I or if the organization failed to qualify	under Part II If the organization	n fails to
		= :	<del>-</del>	
arralifir rendar tha tact	a katad balaw, alaasa samalata D	la-4 II \		

gualify under the tests listed I Section A. Public Support	oelow, please com	piete Part II)		<del>-</del> -		
<del></del>	1 1 1 2 2 2 2	4 > 6000	( ) 0010	4 0 0044	( ) 6040	(D. T-1-1
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")				_	<del> </del>	
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
iness under section 513		<u> </u>				
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf					<del> </del>	
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						_
6 Total. Add lines 1 through 5					ļ	_
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		ł				
amount on line 13 for the year  c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						-
Section B. Total Support	1	1		<u> </u>	1	
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						<u> </u>
14 First five years. If the Form 990 is for	r the organization	s first, second, thii	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here			<u> </u>		· <u> </u>	▶□
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2012	(line 8, column (f) o	livided by line 13, o	column (f))		15	%
16 Public support percentage from 201	1 Schedule A, Par	t III, line 15			16	%
Section D. Computation of Inve						
17 Investment income percentage for 2	012 (line 10c, colu	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from					18	9
19a 33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a						▶□
<b>b 33 1/3% support tests - 2011.</b> If the line 18 is not more than 33 1/3%, ch	e organization did	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	. —
20 Private foundation. If the organization		-				

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

		ional Foundation, Inc.	35-6066912
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		-
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		· · · · · ·
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised t	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of		· · · · · · · · · · · · · · · · · · ·
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	IV, line 7
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historic	cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
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
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	
	year▶		. C
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	g the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes the	organization's accounting for
	conservation easements		-
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r 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 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items		<del>-</del>
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	-	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

		Clay Educa							66912	
Par	t III   Organizations Maintaining C	Collections of A	rt, His	torical T	reasures,	or Othe	r Simil	ar Asse	ts(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	e following that	at are a sig	ınıfıcant	use of its	collection it	ems
	(check all that apply)									
а	Public exhibition	d	· 🔲	Loan or ex	change progr	ams				
b	Scholarly research	е		Other		_				
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further	the organizat	ion's exem	npt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	asures, or oth	ner sımılar :	assets			
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizati	on answered	"Yes" to F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contributio	ns or other a	ssets not i	ncluded		_	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table.						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" to Fe	orm 990, Parl	t IV, line 10	)		1	
		(a) Current year	(b) F	rior year	(c) Two year	ers back (	<b>d)</b> Three y	ears back	(e) Four ye	ars back_
1a	Beginning of year balance	891,594.			<u> </u>					
b	Contributions	34,026.								
C	Net investment earnings, gains, and losses	104,745.			<u> </u>					
d	Grants or scholarships	44,580.								
е	Other expenditures for facilities									
	and programs				<u> </u>					
f	Administrative expenses	13,363,			1				<u></u> -	
g	End of year balance	972,422,	L							
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (	(a)) held as					
	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 100.00	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	•								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held	and administ	ered for th	e organi	zation		
	by:									es No
	(i) unrelated organizations								3a(i)	<u> X</u>
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(II), are the related organizations								3b	
4	Describe in Part XIII the intended uses of the					-				
Par					_	T	<del></del>	. 1		
	Description of property	(a) Cost or o		1	t or other	1	cumulate		(d) Book v	alue
		basis (investr	nent)	Dasis	(other)	aep	reciation			
	Land	<del></del>				-				
	Buildings							_		
	Leasehold improvements									<del></del>
	Equipment					-				
	Other (2) (1)	15 25: -		<u></u>	40(1)	<u> </u>		<del>_</del> _		
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	x. colur	nn (H), line	10(c).)			▶ 1		0.

Schedule D (Form 990) 2012

	ule D (Form 990) 2012	<u>Carmel-Clay</u>	Education	al Foundation	on, I	nc. 35	<u>-6066912</u>	Page 3
		Other Securities. See			of valuatio	n: Cost or and	Lof voor market	valua
	escription of security or categ	UTY (including name of security)	(b) Book value	(c) Method (	or valuatio	n: Cost or end	l-of-year market	value
	ancial derivatives						<del></del>	
	osely-held equity interests							
(3) Oti	Legacy Fund	- CICE	972,42	22 End-of	Voar	Market	Value	
		ating Account	195,29			Market		
(C)	Endowed Open		210,3			Market		
(D)	Blidowed Grain	C ACCOUNT	210,5.	Elia-Ol	rear	Market	varue	
(E)								
(F)								
(G)								
(H)							<del> </del>	
(I)								
	Col. (b) must equal Form 990	). Part X. col. (B) line 12.)	1,378,0	29.			<del>-</del>	
		Program Related. Se						
	(a) Description of inv		(b) Book value		of valuatio	n Cost or end	l-of-year market	value
(1)								
(2)							<u> </u>	
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
Total. (	Col. (b) must equal Form 990							
Part	IX Other Assets.	See Form 990, Part X, line						
		(a)	Description				(b) Book v	alue
(1)		<u>.</u>						
(2)								_
(3)								
(4)								
(5)		<del></del>						
(6)_				_				
(7)		<del></del>		<del></del>			<del></del>	
(8)		<del></del>	<del></del>					
(9)		<del></del>	<del>_</del> -	· <del></del>				
(10)	(0.1	000 0 1 1 1 10 1						
Part		orm 990, Part X, col. (B) line S. See Form 990, Part X, I						<del> </del>
		escription of liability	1119 23	(b) Book value				
1.	Federal income taxes			(b) Book value				
(1)	rederal income taxes	<del></del>	··· <del>-</del> ··	<del></del>	-			
(2)					$\dashv$			
(3)								
<u>(4)</u> <u>(5)</u>		<del>. =</del>			$\dashv$			
(6)	<del>-</del>			<u> </u>	$\dashv$			
(7)			1		$\dashv$			
(8)								
(9)		_		· •				
(10)		<del></del>			$\dashv$			
(11)					$\dashv$			
	(Column (b) must equal Fo	orm 990, Part X, col. (B) line	9 25 )	<del></del>	=			
		In Part XIII, provide the tex		he organization's finan	icial stater	ments that ren	orts the organiz	ation's
		tions under FIN 48 (ASC 7		=			•	

Total revenue, gains, and other support per audited financial statements	Statements With Reven		
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	
	00		
Net unrealized gains on investments     Donated services and use of facilities	2a		
	2b		
Recoveries of prior year grants	2c		
Other (Describe in Part XIII.)	2d		
Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	
Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.4		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Other (Describe in Part XIII.)	4b		
Add lines 4a and 4b		4c	
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5 Detum	
art XII Reconciliation of Expenses per Audited Financial	Statements with Exper	- 1	
Total expenses and losses per audited financial statements		1	
Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
a Donated services and use of facilities	2a		
Prior year adjustments	2b		
Cther losses	2c		
1 Other (Describe in Part XIII.)	2d		
Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	
Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Other (Describe in Part XIII )	4b		
Add lines 4a and 4b		4c	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information	e 18.)	5	
uplete this part to provide the descriptions required for Part II, lines 3, 5, and it is 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete the 2; Part XI, lines 2d and 4b. Also complete the 2; Part XI, lines 2d and 4b. Also complete the 2; Part XI, lines 2d and 4b.			V, line 4, Pai
**************************************			

#### SGHEDULE G (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047
2012

Open To Public Inspection

Name of the organization						Employer ide	ntification number
Carmel-	Clay Educational F	'oun	dat	ion, Inc.		35-6066	912
Part I Fundraising Activities required to complete this par	Complete if the organization answert	red "Y	es" to	Form 990, Part IV, i	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais     a	e Solicitat f Solicitat g Special  or oral agreement with any individual  art VII) or entity in connection with p  ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover using o ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
7-3	_						
						•	
-							
<del></del>							
n - Lord							
100							
							_
Total			<u> </u>				
List all states in which the organization or licensing	n is registered or licensed to solicit of	contrib	utions	s or has been notified	d it is	exempt from re	egistration
<u> </u>							
	<del></del>						
	<del></del>						
					•		

Schedule G (Form 990 or 990 EZ) 2012 Carmel-Clay Educational Foundation, Inc. 35-6066912 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events Ghost and None (add col. (a) through Goblin Run Telethon col (c)) (event type) (event type) (total number) Revenue 29,107. 20,053 49,160. 1 Gross receipts 2 Less: Contributions 49,160. 29,107. 20,053 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 15,732. 1,817 17,549 9 Other direct expenses 17,549 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col. (a) through col (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes % Yes Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

Schedule G (Form 990 or 990-EZ) 2012

232082 01-07-13

Sch	edule G (Form 990 or 990-EZ) 2012 Carmel-Clay Educational Foundation, Inc.35-6	066912	Page 3
	Does the organization operate gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility	13a	<u>%</u>
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >	<u></u>	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	e If "Yes," enter name and address of the third party		
	Name		
	Address		
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		
		<del>-</del>	-
		-	
	<del></del>		
			<del> </del>
	<u> </u>		

**2** excellence in instruction **Employer identification number** and student achievement. 35-6066912 Open to Public OMB No 1545-0047 2012 Educational grants for Inspection purpose of furthering (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. Carmel-Clay Educational Foundation, Inc. (d) Amount of cash grant 5 739 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? Grants for various projects within 1 (a) Name and address of organization or government the school district Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part II

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

Schedule I (Form 990) (2012)

Page.2 (f) Description of non-cash assistance · Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) 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. funds This ensures the funds are Part I, Line 2: Procedure for monitoring use of scholarship Ηt The Organization grants used appropriately to assist with the students' educational expenses. to departments and projects at various schools within the district. The Organization grants academic scholarships to deserving Funds are paid directly to the students' post secondary (d) Amount of non-cash assistance 76,589 (c) Amount of cash grant institutions, not to the students themselves. Procedure for monitoring use of grant funds: 82 (b) Number of recipients Post Secondary Educational Scholarships (a) Type of grant or assistance Schedule I, students. funds: Part III

35-6066912

Carmel-Clay Educational Foundation,

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)

its

approves and promulgates grant guidelines, promotes the program on

232102 12-18-12

Schedule   (Form 990)   Carmel-Clay Educational Foundation, Inc. 35-6066912 Page 2
Part IV Supplemental Information
website, holds grant-writing workshops, reviews applications and evaluates
requests based on established criteria. The Grants Committee recommends
grants for board approval. Recipients receive a letter of agreement
including instructions for documenting the project, completing a final
evaluation form, and providing credit to the Organization.
The Organization pays grant funds directly to the school district. Grant
recipients must apply for reimbursement to the district, submitting
necessary documentation to receive funds. The district compares the
reimbursement request to the grant budget prior to approving reimbursement.

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

Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Carmel-Clay Educational Foundation, Inc.

Form 990 at a board meeting prior to filing the return.

2012
Open to Public Inspection

Internal Revenue Service

Name of the organization

Employer identification number 35-6066912

Form 990, Part VI, Section B, line 11: The Board of Directors reviews the

Form 990, Part VI, Section B, Line 12c: Each board member and staff person must sign an annual statement which discloses any actual or potential conflicts. Minutes of all meetings will record all recusal from discussion and voting due to conficts of interest. The Governance Committee is charged with the responsibility to ensure that the Organization operates in a manner consistent with its charitable purposes and does not engage in activities that could jeopardize its tax-exempt status. The Governance Committee reviews the conflict of interest policy to ensure that its directions and record-keeping requirements are being met.

Form 990, Part VI, Section B, Line 15a: The executive compensation and review policy currently in place requires a review of comparable compensation data (such as collected by the Indiana Assoc. of Public Education Foundations) and/or the 990s of other organizations.

Compensation decisions are also guided by such considerations as the desire to retain staff, review of staff achievement of specific goals and objectives, financial position of the Organization, etc.

Form 990, Part VI, Section C, Line 19: All required documents are available for public inspection at all board meetings and upon request.

### Form **8868**

(Rev. January 2013) 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

Form 8868 (Rev. 1-2013)

INCOMPAGE FOR	Ventue Service	arate app	ECADON TOF EACH FEILERN.		<u> </u>	
• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X
	are filing for an Additional (Not Automatic) 3-Month Ex					
	complete Part II unless you have already been granted					
Electro	nic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tir	ne to file (	6 months for a corp	oration
	to file Form 990-T), or an additional (not automatic) 3-mo			•	•	
	to file any of the forms listed in Part I or Part II with the ex		•		· · · · · · · · · · · · · · · · · · ·	
Persona	al Benefit Contracts, which must be sent to the IRS in pag	er format	(see instructions). For more details	on the ele	ctronic filing of this t	orm,
	w.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).		
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I or	nly				<b>&gt;</b>	. 🔲
	r corporations (including 1120-C filers), partnerships, REM come tax returns.	IICs, and t	rusts must use Form 7004 to reques	t an exter	nsion of time	
Type or print	Name of exempt organization or other filer, see Instru	ctions.		Employe	r identification num!	per (EIN) or
File by the	Carmel-Clay Educational For	undat:	ion, Inc.		35-606691	L <b>2</b>
due date k	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (SSN	1)
filing your return See						:
Instruction	only, iour carpoint of the control of the	oreign add	ress, see instructions.			
	Carmel, IN 46033					
Enter the	e Return code for the return that this application is for (file	a separa	te application for each return)			01
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	O-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
	Stephanie McDor	nald				
• The b	books are in the care of $ ightharpoonup$ $5201 \  m E. \ 131st \  m S$	Street	<u>t - Carmel, IN 460</u>	33		
-	hone No. ► 317-844-9961		FAX No. 🕨			
	organization does not have an office or place of business					
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit (					
box 🕨	. If it is for part of the group, check this box	•			ers the extension is	for.
1 la	equest an automatic 3-month (6 months for a corporation		·			
<del></del>	···	t organizat	tion return for the organization name	ed above.	The extension	
	for the organization's return for:					
	X calendar year 2012 or					
<b>&gt;</b>	tax year beginning	an	d ending		_ '	•
2 If t	he tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return I	Final retur	n	
	his application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			_
no	nrefundable credits. See instructions.			3a	\$	0
b Ift	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			_
	timated tax payments made. Include any prior year overp			3b	\$	0.
	lance due, Subtract line 3b from line 3a. Include your pa	-				_
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	<u> </u>
Caution.	If you are going to make an electronic fund withdrawal w	rith this Fo	orm 8868, see Form 8453-EO and Fo	m 8879-	EO for payment inst	ructions.

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