DLN: 93493319071286

Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

foundations) ▶ Do not enter social security numbers on this form as it may be made public

- ▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Intern	al Re	venue Servi	e					Inspection
A F	or tl	he 2015 ca	endar year, or tax year beginning 01-01-201	5 , and ending 12-31-2015	;			
B Ch	eck II	f applicable	C Name of organization Indianapolis Center for Congregations			D Emplo	yer ide	ntification number
ГА	ddres	s change	· -			30-0	00109	3
		change	% NANCY S ARMSTRONG Doing business as			_		
		return						1
	ınal /tern	nınated	Number and street (or P O box if mail is not delive	red to street address) Room/suite	9	— E Teleph	one num	iber
Ar	nend	ed return	303 NORTH ALABAMA STREET STE 100			(317)	237-7	7799
M-Ap	plicat	tion pending	City or town, state or province, country, and ZIP or INDIANAPOLIS, IN 46204	foreign postal code				
			·			G Gross	receipts	\$ 24,098,679
			F Name and address of principal officer TIM SHAPIRO			this a group		
			303 NORTH ALABAMA STREET			bordınates ? । o		☐ Yes 🗸
			INDIANAPOLIS, IN 46204			e all subord	ınates	□Yes □ No
I Ta	ıx-ex	empt status	√ 501(c)(3)	4947(a)(1) or 527		luded?		
J W	ebs	ite:► WW	W CENTERFORCONGREGATIONS ORG			•		(see instructions)
						roup exempi f formation 20		mber ▶ I State of legal domicile IN
K For	m of	organization	✓ Corporation Trust Association Other	<u>*</u>	- Litear o	i ioiiiiauoii 20)02 III	State of legal doffficile. If
Pa	rt	Sum	marv					
			cribe the organization's mission or most sig	nificant activities				
			STRENGTHEN INDIANA CONGREGATION		ANDUS	E THE BES	TRESC	OURCES AVAILABLE
gų.		TO ADDR	ESS THE CHALLENGES AND ISSUES THEY	Y IDENTIFY				
anc anc								
Ē								
Activities & Governance	2	Check th	is box ▶ ┌─ if the organization discontinued i	ts operations or disposed of	more tha	n 25% of it	s net a	ssets
ය න	_	N	6	wh N/T long 1 = N			ا ما	, , , , , , , , , , , , , , , , , , ,
es.			of voting members of the governing body (Pai	•			3	7 5
ž			of independent voting members of the govern Ther of individuals employed in calendar yea				5	19
Şc			nber of mulviduals employed in calendar yea nber of volunteers (estimate if necessary)				6	7
			elated business revenue from Part VIII, colu				7a	0
			ted business taxable income from Form 990	• • • • • • • • • • • • • • • • • • • •			7b	Ů
	+			.,	1	rior Year		Current Year
	8	Contri	butions and grants (Part VIII, line 1h) .		<u> </u>		0	9,750,000
₫:	9		m service revenue (Part VIII, line 2g) .			40.	35,614	
ēn Uō Aē	10	_	ment income (Part VIII, column (A), lines 3			403		272,235
æ	11		revenue (Part VIII, column (A), lines 5, 6d,			<u> </u>	0	
	12	Total	evenue—add lines 8 through 11 (must equal	Part VIII, column (A), line		443,	406	10,057,849
		12)				443,	+00	
	13	Grants	and similar amounts paid (Part IX, column i	(A), lines 1-3)		1,332,	379	1,055,87
	14		ts paid to or for members (Part IX, column (A				0	(
\$?	15	Saları 5–10	es, other compensation, employee benefits (I	Part IX, column (A), lines		2,613,	896	2,649,630
Expenses	16		sional fundraising fees (Part IX, column (A),	line 11e)			0	
9	Ь		ndraising expenses (Part IX, column (D), line 25) \triangleright^0			1		
ā	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)					501	1,130,99
	18		expenses Add lines 13-17 (must equal Part	•		5,080,		4,836,496
	19		ue less expenses Subtract line 18 from line	. , ,, ,, ,	,	-4,637,		5,221,353
× %			'		D			
Net Assets or Fund Balances					Deginnin	g of Current	теаг	End of Year
8st Bal	20		assets (Part X, line 16)			29,146,		34,133,722
절	21	Total	iabilities (Part X, line 26)			134,		90,566
	22		sets or fund balances Subtract line 21 from	line 20		29,012,	129	34,043,150
	rt I		ature Block perjury, I declare that I have examined this r	eturn including accompany	ına schad	lules and st	tomon	ts and to the best of
			pelief, it is true, correct, and complete Decla					
prep	arer	has any ki	nowledge					
		****	* k			2016 11 15		
Sigi	1		ture of officer			2016-11-15 Date		
Her		TIM	SHAPIRO PRESIDENT					
			or print name and title					
			nnt/Type preparer's name Preparer's si			Check I if	PTIN	0475
Pai	d	<u> </u>	ICOLE B FISHBACK NICOLE B FI	SHBACK 20:	10 11 13	self-employed	P0127	J 4/5
Pre		rer ⊢	ırm's name ► BKD LLP			Firm's EIN 🕨		
Use	-		ırm's address ▶ 201 N Illınoıs Street			Phone no (31)	7) 383-4	000
			Indianapolis, IN 46204					
May	the :	IRS discus	s this return with the preparer shown above?	(see instructions)				√Yes No

	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
	To the comment of the second o		Yes	No
-	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 💆	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ${\bf y}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		N o
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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		
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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		No
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	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{9}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	n 990 (2015)			Page 4
Pai	rt IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

352

35b

36

37

38

Yes

Yes

Form 990 (2015)

Νo

Nο

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Νo

Νo

Nο

Νo

Nο

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

31

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance				_
		Check if Schedule O contains a response or note to any line in this Part V		· ·		. L
1 >	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	69		Yes	No
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0			
		ne organization comply with backup withholding rules for reportable payments to vendors and reportab				
С		ne organization comply with backup withholding rules for reportable payments to vendors and reportable grant of the complex to prize winners?		1 c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and				
		tatements, filed for the calendar year ending with or within the year covered s return	19			
b	,	east one is reported on line 2a, did the organization file all required federal employment tax returns?	1.7	2b	Yes	
		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during the year?		3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. [3b		
4a		y time during the calendar year, did the organization have an interest in, or a signature or other author				
		a financial account in a foreign country (such as a bank account, securities account, or other financia int)?	l	4a		No
b	If"Ve	es," enter the name of the foreign country				
	Seein	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accoun	ts			
	(FBAR	R)	-			
		he organization a party to a prohibited tax shelter transaction at any time during the tax year?	-	5a		No
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction'	7	5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?		5c		
62	Does	the organization have annual gross receipts that are normally greater than \$100,000, and did the	}	5С 6а		No
ua		ization solicit any contributions that were not tax deductible as charitable contributions?		Va		- N O
b		es," did the organization include with every solicitation an express statement that such contributions of	or gifts	c i.		
7		not tax deductible?	}	6b		
	_	ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	and	7a		No
-		ces provided to the payor?				
		is," did the organization notify the donor of the value of the goods or services provided? \dots . \dots		7b		
С		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ orm 8282?	iired to	7c		No
d		es," indicate the number of Forms 8282 filed during the year	}			
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contrac	:t?	7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	Ifthe	organization received a contribution of qualified intellectual property, did the organization file Form 88	399 as			
	requir			7 g		
n		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f	пе а •	7 h		
8	•	oring organizations maintaining donor advised funds.	Ţ			
		donor advised fund maintained by the sponsoring organization have excess business holdings at any githe year?	time			
0~		·	}	8 9a		
		ne sponsoring organization make any taxable distributions under section 4966?	}	9a 9b		
10		on 501(c)(7) organizations. Enter	}	70		
		tion fees and capital contributions included on Part VIII, line 12 10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club				
	facılıtı			, ,	'	
11		on 501(c)(12) organizations. Enter				
		s income from members or shareholders				
ט		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12 a		
		es," enter the amount of tax-exempt interest received or accrued during the	}			
-	year	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.				
2	Is the	organization licensed to issue qualified health plans in more than one state? Note. See the instruction	ns for			
		onal information the organization must report on Schedule O	101	13a		
b		the amount of reserves the organization is required to maintain by the states	Ī			
_		the organization is needed to issue quantied nearth plans				
		the amount of reserves on hand		14-	 	No
		ne organization receive any payments for indoor tanning services during the tax year?	• }	14a 14b		No
U	11 16	, has termed a norm 720 to report these payments in No, provide an explanation in schedule 0.	-	740		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 7 **1**a 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 Enter the number of voting members included in line 1a, above, who are ındependent 1b 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the a organization's mailing address? If "Yes," provide the names and addresses in Schedule O Nο

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

10a Νo **10a** Did the organization have local chapters, branches, or affiliates? . . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes 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? Yes a The organization's CEO, Executive Director, or top management official 15a ${f b}$ Other officers or key employees of the organization 15b Nο 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 **16**a Νo

Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

▶NANCY SARMSTRONG 303 NALABAMA ST SUITE 100 INDIANAPOLIS, IN 46204 (317) 237-7799

16b

Part VII

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 - in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or 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) Name and Title	(B) A verage hours per week (list any hours	more pers	thar son is	one bot	not box h ar	chec c, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) ELIZABETH A MCKEE	2 0									
CHAIR, BOARD OF DIRECTORS	0 0	X						0	0	(
(2) KATHRYN PATTERSON	1 0								_	_
SECRETARY-TREASURER	0 0	×						0	0	(
(3) REV DR MATTHEW W BOULTON	1 0									
PRESIDENT, CHR THEOL SEM	40 0	X						0	187,261	82,180
(4) REV RICHARD HAMM D MIN	1 0									
BOARD MEMBER	0 0	×						0	0	(
(5) REV LANT DAVIS	1 0									
BOARD MEMBER	0 0	×						0	0	(
(6) REV DR MICHAEL JINKINS	1 0									
PRESIDENT, LPTS	40 0	×						0	112,353	84,394
(7) Rev Brian Williams	1 0									
BOARD MEMBER	0 0	×						0	0	(
(8) REV DR TIMOTHY SHAPIRO	35 0									
PRESIDENT	0 0			×				128,503	0	92,079

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continue	d)
--	----

	(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not che more than one box, ui person is both an off and a director/trust			unles s officer	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
-											
1b	Sub-Total			٠.	-		. ▶	1		<u>'</u>	
c	Total from continuation sh	eets to Part VII, S	ection A	١.			. ▶				
d	Total (add lines 1b and 1c)) <u>.</u>					>		128,503	299,614	258,653

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>			
	of filler 1a. 11 Test, complete schedule 3101 Such marvidual 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person			No

Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization. Report compensation for the calendar year ending with or within the organizations tax year							
(A) Name and business address	(B) Description of services	(C) Compensation					

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 0

Yes

No

Form 99	90 (20	15)						Page 9
Part V	/++1	Statement o	f Revenue					
		Check If Schedi	ule O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated cam	paigns 1a					
ributions, Gifts, Grants Other Similar Amounts	ь	Membership du	ies 1b					
Gr.	c	Fundraising eve	ents 1c					
fts. ⊏ A	d	Related organiz	zations 1d					
n 18. Gi	e	Government grants						
Contributions, Gifts, and Other Similar A				9,750,000				
utic 1er	f	similar amounts no						
g ij	g	Noncash contribution 1a-1f \$	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f		9,750,000			
				Business Code				
Program Service Revenue	2a	WORKSHOPS AND	INVITATIONAL	611710	35,614	35,614		
بر برج	Ь	GATHERINGS						
ر ۳	c	-						
Ę.	d							
S	e							
grai	f	All other progra	am service revenue					
Æ	g	Total. Add lines	s 2a-2f		35,614			
	3		ome (including divident					0.55 1.65
		and other simil	aramounts)	•	265,497			265,497
	4 5	Royalties	stment of tax-exempt bond p	broceeds	0			
		Royaldes	(ı) Real	(II) Personal				
	6a	Gross rents	,	, ,				
	ь	Less rental						
	c	expenses Rental income	0	0				
		or (loss)	me or (loss)		0			
	d	Net rental inco	(i) Securities	(II) O ther	9			
	7a	Gross amount from sales of assets other than inventory	14,047,568					
	ь	Less cost or						
		other basis and sales expenses	14,040,830					
	C	Gain or (loss)	6,738					
ne	d 8a	Net gain or (los Gross income f events (not inc	rom fundraising		6,738			6,738
Other Revenue		\$ of contributions See Part IV , lir	s reported on line 1c) ne 18					
the	b	Less direct ex	penses b					
0	С	Net income or ((loss) from fundraising (events >	0			
	9a		rom gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	С	Net income or ((loss) from gaming activ	vities	0			
	10a	Gross sales of	inventory, less	•				
		returns and allo	owances .					
	Ь	Less cost of a	a oods sold b					
	1	_	(loss) from sales of inve	entory ▶	0			
		Miscellaneous		Business Code				
	11a							
	ь							
	С							
	d	All other reven	ı					
	e	Total. Add lines	s 11a-11d	• • •	0			
	12	Total revenue.	See Instructions	•	10,057,849	35,614		272,235

Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	general expenses	(D) Fundraising expenses
domestic governments See Part IV, line 21	75	
Individuals See Part IV, line 22		
governments, and foreign individuals See Part IV, lines 15 and 16		
4 Benefits paid to or for members		
Compensation of current officers, directors, trustees, and key employees		
(as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 7 Other salaries and wages 1,905,855 1,598,474 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 98,252 83,03 9 Other employee benefits 369,783 312,494 10 Payroll taxes	24 22,058	
7 Other salaries and wages		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 98,252 83,030 9 Other employee benefits 369,783 312,494 10 Payroll taxes 55,158 46,613 11 Fees for services (non-employees) 0 0 a Management 0 0 b Legal 10,787 0 c Accounting 41,323 3,000	74 307,381	
9 Other employee benefits		
10 Payroll taxes 55,158 46,613 11 Fees for services (non-employees) 0 a Management 0 0 b Legal 10,787 0 c Accounting 41,323 3,000	-	+
11 Fees for services (non-employees) 0 a Management	<u> </u>	
a Management 0 b Legal 10,787 c Accounting 41,323	13 8,545	
b Legal		
c Accounting		
	10,787	
al Labburga	00 38,323	
d Lobbying		
e Professional fundraising services See Part IV, line 17 0		
f Investment management fees		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	79 4,530	
12 Advertising and promotion	73 3,558	
13 Office expenses	87 108,774	
14 Information technology	91 33,482	
15 Royalties 0		
16 Occupancy	31 93,413	
17 Travel	06 62,915	
Payments of travel or entertainment expenses for any federal, state, or local public officials		
19 Conferences, conventions, and meetings 140,218 133,865	61 6,357	
20 Interest		
21 Payments to affiliates		
22 Depreciation, depletion, and amortization	10,457	
23 Insurance	2,980	
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)		
a LEADER HONORARIA 143,500 143,500	00	
b RESOURCE & STAFF LIBRARY 13,616 13,616	16	
c FIXED ASSET EXPENSE 12,626	12,626	
d DUES & MEMBERSHIP FEES 1,121 1,121	21	
e All other expenses 20,424 3,894	94 16,530	
25 Total functional expenses. Add lines 1 through 24e 4,836,496 4,021,269	69 815,227	0
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)		

Par	tΧ	Balance Sheet							
		Check if Schedule O contains a response or note to any line i	ın this	Part X .					
						(A) Beginning of year		(B) End of year	
	1	Cash-non-interest-bearing				200	1	200	
8	2	Savings and temporary cash investments	Ī	12,613,047	2	14,720,453			
	3	Pledges and grants receivable, net	Ī	0	3	7,500,000			
	4	Accounts receivable, net			Ī	0	4	0	
	5	Loans and other receivables from current and former officer key employees, and highest compensated employees Com Schedule L	plete	Part II of	Ï				
	6	section 4958(f)(1)), persons described in section 4958(c)(contributing employers and sponsoring organizations of sec	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 instructions) Complete Part of Schedule I						
Se						0	6	0	
Assets	7	Notes and loans receivable, net			. [0	7	0	
-	8	Inventories for sale or use			. [0	8	0	
	9	Prepaid expenses and deferred charges				22,836	9	23,477	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	6	06,470				
	ь	Less accumulated depreciation	10b	5	45,360	82,572	10 c	61,110	
	11	Investments—publicly traded securities			. [16,427,899	11	11,828,482	
	12	Investments—other securities See Part IV, line 11		0	12	0			
	13	Investments—program-related See Part IV, line 11		0	13	0			
	14	Intangible assets		0	14	0			
	15	Other assets See Part IV, line 11		0	15	0			
	16	Total assets.Add lines 1 through 15 (must equal line 34) .	. [29,146,554	16	34,133,722			
	17	Accounts payable and accrued expenses				134,425	17	90,566	
	18	Grants payable	. [0	18	0			
	19	Deferred revenue	Ī	0	19	0			
	20	Tax-exempt bond liabilities	Ī	0	20	0			
	21	Escrow or custodial account liability Complete Part IV of S	. [0	21	0			
abilities	22	Loans and other payables to current and former officers, dir key employees, highest compensated employees, and disqu	,						
<u> </u>		persons Complete Part II of Schedule L			.	0	22	0	
<u>:</u>	23	Secured mortgages and notes payable to unrelated third pa	rties			0	23	0	
	24	Unsecured notes and loans payable to unrelated third partie	es .			0	24	0	
	25	Other liabilities (including federal income tax, payables to r and other liabilities not included on lines 17-24) Complete Part X of Schedule D	relate	d third part	ies,				
						0	25	0	
	26	Total liabilities.Add lines 17 through 25				134,425	26	90,566	
ces		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	▶ [and comp	lete				
<u>lan</u>	27	Unrestricted net assets				3,523,269	27	3,543,003	
Ba	28	Temporarily restricted net assets			Ì	25,488,860	28	30,500,153	
P.	29	Permanently restricted net assets			ŀ	0	29	0	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), chec complete lines 30 through 34.	k her	e ► ┌ an	ıd				
ts :	30	Capital stock or trust principal, or current funds			.		30		
sse	31	Paid-in or capital surplus, or land, building or equipment fur	nd .		.		31		
Ă	32	Retained earnings, endowment, accumulated income, or oth			ļ		32		
Şe Ç	33	Total net assets or fund balances			ļ	29,012,129	33	34,043,156	
_	34	Total liabilities and net assets/fund balances			ļ	29,146,554	34	34,133,722	
		·						L	

lotal expenses (must equal Part 1X, column (A), line 25) .	•
Revenue less expenses Subtract line 2 from line 1	
Net assets or fund balances at beginning of year (must equal	Part 2
Net unrealized gains (losses) on investments	

X, line 33, column (A)) . . Donated services and use of facilities .

Investment expenses Prior period adjustments

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

column (B))

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

Part XIII Financial Statements and Reporting 1 Accounting method used to prepare the Form 990 Cash 🗸 Accrual Other

Schedule O

If the organization changed its method of accounting from a prior year or checked "Other," explain in 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Both consolidated and separate basis

Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

basis, consolidated basis, or both

Separate basis

Consolidated basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Single Audit Act and OMB Circular A-133?

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Schedule O

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

2b Yes

2c

3a

3b

Yes

2a

Page 12

10,057,849

4,836,496

5,221,353

29,012,129

-252,567

62,241

No

Νo

Nο

Form 990 (2015)

34,043,156

Yes

1

2

3

4

5

6

7

8

9

10

SCHEDULE A (Form 990 or 990EZ)

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.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number Indianapolis Center for Congregations 30-0001093 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (v) A mount of other

Name of supported organization		Type of organization (described on lines 1- 9 above (see instructions))	Is the organization listed in your governing document?		A mount of monetary support (see instructions)	support (see (vi) instructions)
			Yes	No]	
(A) CHRISTIAN THEOLOGICAL SEMINARY	351045939		Yes		0	0
(B) LOUISVILLE PRESBYTERIAN THEOLOGICAL SEMINARY	610444768		Yes		0	0
Total2						

	edule A (Form 990 of 990-EZ) 2015						Page Z
Pa	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	ttion runs to qu	anny anach anc	tests listed bei	ovi, picase con	ipiece i di c iii.	,
	Calendar year		412242	4.3204.2	4.0004.4	4.32045	(5) T
(or	fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do						
_	not include any unusual grants)						
2	Tax revenues levied for the organization'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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
S	from line 4 ection B. Total Support						
	Calendar year	4-12011	/b\2012	(-)2012	(4)2014	(-)201F	(6)T-4-1
(or	fiscal year beginning in) 🕨	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
9	and income from similar sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see inst	ructions)			12	•
13	First five years.If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) organization,
	check this box and stop here					▶ ┌	
S	ection C. Computation of Pub						
14	Public support percentage for 2015	(line 6, column	(f) divided by line	11, column (f))		14	
L5	Public support percentage for 2014	Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and	line 14 is 33 1/3%	6 or more, check	this box
b	and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this						
	box and stop here. The organization						▶┌
17a	10%-facts-and-circumstances test - is 10% or more, and if the organiza in Part VI how the organization mee	tion meets the fa	cts-and-circums	tances test, chec	k this box and st	op here. Explain	oorted
	organization			_	•		▶
b	10%-facts-and-circumstances test-						
	15 is 10% or more, and if the organ				•	•	-1
	Explain in Part VI how the organiza	tion meets the "f	acts-and-circum	stances" test Th	ne organization qu	alities as a publi	•
18	supported organization Private foundation. If the organizati	ion did not check	a box on line 13	. 16a. 16h 17a -	or 17b, check this	s box and see	▶
	instructions	ala not check		, , , _ , _ , _ , _ , _ , _ ,	z. z. s, check this	200 and 300	▶┌
							• 1

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

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

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						757
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the	•				-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V,

5.	1, complete Sections A and D, and complete Part V)			
36	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		No
3а	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) below	3a		No.
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		No
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		No
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		No
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11 b		No
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		No

Part IV	Supporting	Organizations	(continued)

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Saction	. D	Typo	TC	unnarti	na Or	a - ni - :	stions

Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or iemove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)			
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		No
Se	ection C. Type II Supporting Organizations			
36	schon C. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	165	NO
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	The feet was ender in a late to the fore the signification of supported significations played in this regard			
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

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

each of the supported organizations? Provide details in Part $\it VI$

3a

3b

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

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furth		ported organizations un	
excess of income from activity	ers exempt purposes or supp	orted organizations, in	
3 Administrative expenses paid to accomplish exem	pt purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instri			
7 Total annual distributions. Add lines 1 through 6			
7 Total allilual distributions. And lines 1 through 6			
8 Distributions to attentive supported organizations details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
	T	····	I
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>C</u>			
d From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract			
lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	(Form 990 or 990-F7) (2015

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART I, LINE G, COLUMN VI	SUPPORTED ORGANIZATIONS AS EXPLAINED IN THE SUPPLEMENTAL INFORMATION FOR SCHEDULE A, PART IV, LINE 6, THE RESEARCH, ANALYSES AND EDUCATIONAL MATERIALS, WORKSHOPS, PUBLICATIONS AND RESOURCES, AND WORK WITH CONGREGATIONS PRODUCED OR CONDUCTED BY THE CENTER SUPPORTS THE SUPPORTED ORGANIZATIONS BY, AMONG OTHER THINGS, (I) GENERATING NEW KNOWLEDGE FOR THE SUPPORTED ORGANIZATIONS PROGRAMS, AND (II) IMPLEMENTING THE POLICIES AND DIRECTIVES SET FORTH BY THE SUPPORTED ORGANIZATIONS IN THEIR OVERSIGHT AND GOVERNANCE CONTROL OF THE CENTER
SCHEDULE A, PART IV, LINE 6	PROVIDED SUPPORT AS PROVIDED IN THE CENTER'S ARTICLES OF INCORPORATION, ITS MISSION IS TO SUPPORT THE FUNCTIONS OF THE SUPPORTED ORGANIZATIONS THAT STRENGTHEN INDIANA CONGREGATIONS BY HELPING THEM FIND AND USE THE BEST RESOURCES AVAILABLE TO ADDRESS THEIR CENTRAL CONCERNS AND CHALLENGES ALTHOUGH THE CENTER IS FOCUSED ON A CTIVITIES RELATING TO INDIANA CONGREGATIONS, IT NONETHELESS ALSO FURTHERS THE SUPPORTED ORGANIZATIONS' BROADER PURPOSES RELATING TO FAITH, THEOLOGICAL EDUCATION, AND THE DEVELOPMENT OF CONGREGATIONS AND LEADERSHIP THROUGHOUT AMERICAN SOCIETY THE CENTER AND THE SUPPORTED ORGANIZATIONS CARRY OUT THESE PURPOSES THROUGH RESEARCH AND PREPARATION OF AND REFERRAL TO VARIOUS ANALYSES AND EDUCATIONAL MATERIALS, WHICH SERVE CLERGY AND LAY LEADERS IN RELIGIOUS CONGREGATIONS, BY TRAINING AND SUPPORTING PASTORS FOR SERVICE TO CONGREGATIONS, AND BY PROVIDING FINANCIAL AND OTHER RESOURCES TO CONGREGATIONS INFORMATION IS DISSEMINATED TO CONGREGATIONS THROUGH EDUCATIONAL SEMINARS, PUBLICATIONS AND RESOURCES, AND WORK DIRECTLY WITH CONGREGATIONS IN WORKING WITH INDIANA CONGREGATIONS, THE CENTER BENEFITS AND ASSISTS THE SUPPORTED ORGANIZATIONS BY, AMONG OTHER THINGS, (I) DISSEMINATING AND UTILIZING THE SUPPORTED ORGANIZATIONS' RESEARCH AND MATERIALS, (II) GENERATING NEW KNOWLEDGE FOR THE SUPPORTED ORGANIZATIONS' PROGRAMS, AND (III) IMPLEMENTING THE POLICIES AND DIRECTIVES SET FORTH BY THE SUPPORTED ORGANIZATIONS IN THEIR OVERSIGHT AND GOVERNANCE CONTROL OF THE CENTER

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DLN: 93493319071286

(Form 990)

SCHEDULE D

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Employer identification number

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection

OMB No 1545-0047

Name of the organi	zation
Internal Revenue Service	
Treasury	Inf
Department of the	

						001093		
Pa	Organizations Maintaining Donor Complete if the organization answere				unds	or Accounts	s.	
		(a) Donor advised fun	ıds		(b)	Funds and oth	er account	s
	Total number at end of year							
	Aggregate value of contributions to (during year)							
	Aggregate value of grants from (during year)							
	Aggregate value at end of year							
	Did the organization inform all donors and donor a funds are the organization's property, subject to t				nor advis	sed	Yes	□ No
•	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or d	lone	or advisor, or for a	any other		┌ Yes	┌ No
75	rt II Conservation Easements. Comple	ete if the organization	า <u>a</u>	nswered "Yes"	on Forn	า 990, Part I	V, line 7.	
	Purpose(s) of conservation easements held by th	e organization (check a	ll th	nat apply)				
	Preservation of land for public use (e g , recreeducation)	eation or [_	Preservation of a	an histor	ıcally ımporta	nt land area	a
	Protection of natural habitat	Γ	_	Preservation of a	a certifie	d historic stru	ıcture	
	Preservation of open space							
	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	held a qualified conserv	atı	on contribution in	the form			
					<u> </u>	Held at th	e End of th	e Year
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easeme		. بداده	d (=)	2b			
C	Number of conservation easements on a certified			` '	2c			
d	Number of conservation easements included in (c historic structure listed in the National Register				2d			
	Number of conservation easements modified, tran	nsferred, released, extin	ıgu	ıshed, or termınat	ed by the	e organization	during the	
	tax year ▶							
	Number of states where property subject to conse	ervation easement is lo	cat	ed ▶				
	Does the organization have a written policy regard violations, and enforcement of the conservation e	3 .	orin	g, inspection, har	ndling of	Γ,	∕es	No
	Staff and volunteer hours devoted to monitoring, i year	inspecting, handling of v	/IOI	ations, and enford	ing cons	ervation ease	ements duri	ing the
	<u> </u>							
	A mount of expenses incurred in monitoring, inspe	ecting, handling of violat	tior	ns, and enforcing o	conserva	tion easemen	ts during th	ne year
	Does each conservation easement reported on Iir (B)(i) and section $170(h)(4)(B)(ii)$?	ne 2(d) above satisfy the	e re	equirements of se	ction 17	0(h)(4)	∕es	No
	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the or sements	rga	nızatıon's fınancıa	al statem	ents that des	cribes	
a	rt III Organizations Maintaining Collect Complete if the organization answere	ctions of Art, Histor ad "Yes" on Form 990	ric O, F	al Treasures, Part IV, line 8.	or Oth	er Similar	Assets.	

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet

- works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included on Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X **▶** \$ __
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, Histori	cal Tre	asures, or (Other Similar A	ssets
3		g the organization's acquisition, acce ction items (check all that apply)	ession, and other rec	ords, check a	in y of the	e following that	are a significant us	e of its
а		Public exhibition		q L	Loan o	r exchange pro	grams	
b	Γ	Scholarly research		e	Other			
c		Preservation for future generations						
4	Prov Part	de a description of the organization's XIII	s collections and exp	laın how they	further t	the organization	n's exempt purpose	e in
5		ng the year, did the organization solid ts to be sold to raise funds rather tha						s No
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form 990,	Part IV	, line 9, or re	ported an amour	nt on Form 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interr	mediary for co	ontributio	ons or other as:	sets not	s No
b	Ιf	"Yes," explain the arrangement in Pa	art XIII and complete	the following	ı table		Am	nount
c		ginning balance			,	10	:	
d		Iditions during the year				10		
e		stributions during the year				1e		
f		ding balance				1f	+	
2 a		he organization include an amount oi	n Form 990, Part X, I	ine 21, for es	crow or o			s No
b		es," explain the arrangement in Part					·	
Pa	rt V	Endowment Funds. Comple	te if the organizati	on answere	d "Yes"	to Form 990	, Part IV, line 10	
			(a)Current year	(b) Pnor yea	r b (d	Two years back	(d)Three years back	(e)Four years back
1 a	Begi	nning of year balance						
b	C ont	ributions						
c	Net loss	investment earnings, gains, and es						
d	Grar	its or scholarships						
е		er expenditures for facilities programs						
f	A dm	inistrative expenses						
g g		of year balance						
2	Prov	de the estimated percentage of the	Current year end hala	nce (line 1a	column	(a)) held as		
		d designated or quasi-endowment	carrent year end baid	nee (inte 19,	Column	(u)) Held us		
a		,						
Ь		anent endowment 🕨						
С		oorarily restricted endowment > percentages on lines 2a, 2b, and 2c :	should equal 100%					
За		here endowment funds not in the pos	session of the organ	ization that a	re held a	nd administere	d for the	Yes No
	(i) uı	nrelated organizations					38	a(i)
	(ii) r	elated organizations					3a	n(ii)
ь 4		es" on 3a(II), are the related organiza ribe in Part XIII the intended uses o	· ·					3b
	rt VI	Land, Buildings, and Equip	<u>-</u>	:naowinent iu	iius			
FG	I C VI	Complete if the organization a		orm 990, P	art IV,	line 11a.See	Form 990, Part >	K, line 10.
		Description of property		Cost or	(a) other basis stment)	(b)	Accumulated	d (d)Book value
	Land			. ((Strict)		
	Buildii							
		hold improvements				206,	018 196,	795 9,223
		ment				183,	<u> </u>	
						216,	<u> </u>	

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

61,110

	See Form 990, Part X, line 12.			
	(a) Description of security or categ (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market valu
1) Financia	al derivatives			Cost of end-of-year market valu
2) Closely-	-held equity interests			
3) O ther				
otal. (Colun	nn (b) must equal Form 990, Part X, col (B) line 12	} ▶		
art VIII	Investments—Program Related	•		
	Complete if the organization answe	red 'Yes' on Form 9		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	•		
	onn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organiz	-	n Form 990, Part IV, line	11d See Form 990, Part X, line 15
	Other Assets. Complete if the organiz	-	n Form 990, Part IV , line	11d See Form 990, Part X, line 15 (b) Book value
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
Part IX	Other Assets. Complete if the organiz (a) De	ation answered 'Yes' description		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) De	ne 15)		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) De (a) De (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the complete if the complete in the complet	ne 15)		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) De	ne 15)		(b) Book value
otal. (Colu	Timn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization of the Complete in the organization.	ne 15) organization answer		(b) Book value
otal. (Colu	Timn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization of the Complete in the organization.	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
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otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
Part IX Otal. (Colu Part X	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
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otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu Part X	Other Assets. Complete if the organiz (a) De Imm (b) must equal Form 990, Part X, col (B) Ir Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability ome taxes	ne 15)		(b) Book value
otal. (Colum	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15)	ed 'Yes' on Form 990,	(b) Book value Part IV, line 11e or 11f.

Schedule D (Form 990) 2015

1

2

9,867,523

-190,326

3	Subtract line ${f 2e}$ from line ${f 1}$.		3	10,057,84
4	Amounts included on Form 990,	, Part VIII, line 12, but not on line 1		
а	Investment expenses not includ	led on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4	k.(This must equal Form 990, Part I, line 12)	5	10,057,84
Par		penses per Audited Financial Statements With Expense zation answered 'Yes' on Form 990, Part IV, line 12a.	s per Ret	turn.
1	Total expenses and losses per a	audited financial statements	1	4,836,49
2	Amounts included on line 1 but i	not on Form 990, Part IX, line 25		
а	Donated services and use of fac	ılıtıes 2 a		
b	Prior year adjustments	2b		
c	Otherlosses	2c		
d	Other (Describe in Part XIII)			
е	Add lines 2a through 2d	 	2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	4,836,49
4	Amounts included on Form 990,	Part IX, line 25, but not on line 1:		
а	Investment expenses not includ	led on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and	4c. (This must equal Form 990, Part I, line 18)	5	4,836,49
Par	XIII Supplemental Info	rmation		
Part		art II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 ines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part t		ny additional
	Return Reference	Explanation		
СНЕ	'	ASC 740 DISCLOSURE MANAGEMENT HAS EVALUATED THEIR IN UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR		

DISCLOSED IN THE FINANCIAL STATEMENTS

2a

2b

2c

2d

HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR

-252,567

62,241

2e

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Donated services and use of facilities .

Recoveries of prior year grants .

Other (Describe in Part XIII)

Add lines 2a through 2d .

Schedule D (Form 990) 2015	Page 5	
Part XIII Supplemental Information		
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments

Complete if the organize

Department of the
Treasury
Internal Revenue Service

As Filed Data Grants and C
Governments

Finformation about Schedule

Name of the organization

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

Employer identification number

<u> 2015</u>

DLN: 93493319071286

Open to Public Inspection

Indianapolis Center for Congregations						30-0001093	
Part I General Information	n on Grants an	d Assistance					
 Does the organization maintain rethe selection criteria used to aw. Describe in Part IV the organiza Part II Grants and Other Assista 	ard the grants or a tion's procedures f	ssistance? or monitoring the use	of grant funds in the Un	ited States			✓ Yes No
that received more than \$							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
		+					
Enter total number of section 50Enter total number of other organ						_	81

SITE VISITS BY OUR GRANT EVALUATOR

Schedule I (Form 990) 2015

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental 1	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.										
Return Reference	Explanation										
,	SIGN A GRANT AGREEMENT LI REQUIRED TO MAKE QUARTEI AT THE END OF THE GRANT PI	ETTER THAT STIPULATE RLY REPORTS TO THEIR ERIOD, THEY MUST COM	S ALL CONDITIONS GO CASE MANAGER THIS PLETE A FINAL GRANT	DVERNING THE USE OF GRAI INFORMATION IS ENTERED REPORT WHICH INCLUDES	ED, EACH ORGANIZATION MUST NT FUNDS EACH GRANTEE IS INTO THE CONGREGATION'S FILE A DESCRIPTION OF THE PROGRAM						

ACTIVITIES, A FINANCIAL REPORT AND EVALUATION OF RESOURCES USED MANY OF THESE ARE FOLLOWED UP WITH PERSONAL ON-

Additional Data

Fort Wayne, IN 468022187

Valparaiso, IN 463834337

35-1120014

Calvary Church

1325 Evans Ave

Software ID: Software Version:

501(C)(3)

EIN: 30-0001093

Name: Indianapolis Center for Congregations

orm 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
All Souls Unitarian Church 5805 E 56th St Indianapolis,IN 462261526	35-0941103	501(C)(3)	14,350				Capital Campaign		
Broadway Christian Church 910 Broadway	35-1308913	501(C)(3)	15,000				Elevator		

15,000

Capital Campaign

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 35-1301472 501(C)(3) 12,500 HVAC Evaluation Calvary United Methodist Church 575 W Northfield Drive Proupoburg IN 46113 Issues

Blownsburg, IN 46112					
Cathedral of St Mary-	35-0997914	501(C)(3)	9,920		Building Is
Immaculate Conception 1212 South Street					
Lafayette,IN 47901					
		, and the second			

15,000

Capital Campaign

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

Center Chapel United Methodist Church

8733 E 200 S Marion, IN 46953

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 501(C)(3) 15.000 Building Issues Central Presbyterian Church 35-0897338 125 N Seventh Street al Campaign

Marketing

14,471

lerre Haute, IN 4/80/					
Christ Lutheran Church 2610 N Campbell St Valparaiso, IN 46385	35-1179146	501(C)(3)	15,000		Capıtal
, vaipaiaisu,in 40305 j					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

Christ Lutheran Church

Zionsville, IN 460771244

600 N Ford Road

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 35-1314027 501(C)(3) 12,500 Facility Expansion Christ Memorial Temple PO Box 4945 Lafavatta IN 47002 Plan

Lalayette, IN 4/903					
Christ the Savior Lutheran Church 10500 E 126th St Fishers, IN 460389030	35-1546177	501(C)(3)	15,000		Master P

15,000

capital campaign

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

Clay United Methodist Church

17646 Cleveland Rd South Bend, IN 46635

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 501(C)(3) 12.000 College Mennonite Church 35-1970747 Strategic Planning 1900 S Main Street

Communications

Goshen,IN 46526					
College Park Church 2606 W 96th St Indianapolis,IN 462682901	31-1139835	501(C)(3)	14,875		New Grant

14.160

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

Covenant Church

West Lafavette, IN 47906

211 Knox Drive

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Covenant Community Church 35-1928019 501(C)(3) 7,250 Implementation 5640 N Cooper Road

Indianapolis,IN 46228					
Crossroads Christian Church PO Box 5386 Evansville,IN 47716	35-1137590	501(C)(3)	15,000		CMS
Crossroads Church	35-2099360	501(C)(3)	6,700		TMGI

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7209 East County Road 100

Avon, IN 46123

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Crossroads Community 35-1894479 501(C)(3) 15.000 Community Center Church

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

4254 S 00 EW Kokomo,IN 46902					
Danville Friends Church PO Box 56 Danville, IN 46122	35-1331257	501(C)(3)	15,000		Website

Branding &

Communications

15,000

Eagle Church - Anson 35-1952000

PO Box 254

Zionsville, IN 460779700

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 501(C)(3) 9.075 Emmaus Lutheran Church 35-0965633 Administration Software 8626 Covington Road Fort Wavne, IN 46804 First Baptist Church of Griffith 35-1123181 501(C)(3) 15.000 Fundraising

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

First Baptist Church of G 324 N Colfax St Griffith, IN 463192850

First Christian Church 35-6004638 501(C)(3) 5,196 Communications
1865 E US Highway 40
Brazil IN 47834

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 501(C)(3) 8.750 First Christian Church (DOC) 35-6005379 Building Upgrades 118 W Washington St al Campaign

9,560

Accessibility

Shelbyville, IN 46176					
First Church of God Anderson 3131 W 16th St	35-1309691	501(C)(3)	8,750		Capıtal

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

First Presbyterian Church

Peru, IN 46970

102 W Main St PO Box 1238

35-1065314

Bedford, IN 474213599

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 501(C)(3) 15,000 Fresh Oil Ministries 46-1351051 Leadership 1365 Taft Street Development ndıng

Build Project

15,000

_ Gary,IN 46404					
Highland Village Church 515 S Curry Pike	35-1532836	501(C)(3)	14,000		Rebrand

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

Bloomington, IN 4/403

740 W 28th St

Holy Angels Catholic Church

Indianapolis.IN 462085099

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Holy Family Episcopal Church 35-1853296 501(C)(3) 15.000 Construction 11445 Fishers Pointe Blvd Documents Grant E. TNL 46000

Fishers,IN 46038					
Holy Rosary Catholic Church 520 Stevens St Indianapolis,IN 462031737	35-0888760	501(C)(3)	6,250		Rectory
Holy Shepherd Lutheran	35-1645098	501(C)(3)	6,210		Youth Ministry

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Church

9770 Keilman Street St John, IN 463739467

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) House of True Worship Church 46-3867055 501(C)(3) 15,000 Leadership 2156 W 15th Avenue Development Gary IN 46404 lısm

Guiy, III TOTOT					
Indy Metro Church 401 E Michigan St Indianapolis,IN 46204	06-1777795	501(C)(3)	14,126		Evangelism
Jesus Christ Outreach	59-3791473	501(C)(3)	15,000		Youth Ministry

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 2416 Gary, IN 464051527

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 35-2021603 501(C)(3) 7.500 Joy of All Who Sorrow Eastern Capital Campaign Orthodox Ch 1516 N Delaware Indianapolis, IN 46202 35-1963934 501(C)(3) 10.525 Youth Ministry

Lake Village Presbyterian Church PO Box 247

Lake Village, IN 463490247

Indianapolis, IN 46224

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Lakeview Church 35-1104534 501(C)(3) 14.983 Communications

47 Beachway Dr

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Maple City Chapel 61-1440694 501(C)(3) 15,000 Building Project 2015 Lincolnway East Life Center

CMS Training

Goshen,IN 46526					
Monticello United Methodist Church	35-1082593	501(C)(3)	15,000		Family L
PO Box 87					
Monticello IN 479600087					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

Mt Gilead Church

6019 E St Road 144 Mooresville, IN 46158

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Mt Zion Apostolic Church 23-7438282 501(C)(3) 8,167 Architect 4900 F 38th St Indianapolis, IN 462181669 Nappanee First Brethren 501(C)(3) 6.072 Discipleship Training 20-5190833 Church

Building Project

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

Nappanee, IN 46550

501 N Indiana Ave Goshen, IN 46528

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) New Life Wesleyan Church of 35-1591507 501(C)(3) 7,500 Architect Chesterton 75 F 1100 N Chesterton, IN 463049349 35-2000602 501(C)(3) 8,813 Youth Leadership

Leadership Development

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

	Chesterton, III 103013313
_	New Second Baptist Church
	3939 Deodar St
	East Chicago, IN 46312

New Shiloh Baptist Church

1727 W 15th Ave Gary, IN 464042441

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) North Manchester First 35-1617416 501(C)(3) 8,389 Discipleship Program Brethren Church 407 N Sycamore St 489 501(C)(3) 15,000 Architect Grant

Strategic Planning

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

N Manchester, IN 46962	
O don Christian Church 208 S Spring St	35-1339
Odon, IN 475621399	

35-1547980

Ogilville Christian Church

7891 W 450 S Columbus, IN 47201

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Olive Branch Baptist Church 35-1591101 501(C)(3) 7,770 New Fellowship Building 2250 Milton-Bear Br Rd Dillsboro, IN 47018 ding

Orchard Park Presbyterian Church 1605 E 106th Street Indianapolis,IN 46280	35-1074561	501(C)(3)	14,991		Website and Branding
O ur Shepherd Lutheran Church	35-1599718	501(C)(3)	15,000		Counseling Ministry

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

9201 E County Rd 100 N Avon, IN 46123

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) 501(C)(3) 15.000 Building Issues and Outlook Christian Church 35-6007072 Grant Inquiry 6531 N 600 W

Engagement

McCordsville,IN 46055					
Ovid Community Church 793 E 600 S Anderson, IN 46013	35-6056723	501(C)(3)	5,490		Tech Upgrades for Discipleship
Peter's Rock Missionary	35-1547713	501(C)(3)	8,205		Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Baptist Church

1725 E 21st Ave Gary, IN 464071637

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Plainfield Christian Church 501(C)(3) 9,790 Strategic Planning 35-6027502 800 Dan Jones Rd

Strategic Planning and

Visionina

_ Plainfield, IN 46168					
Prince of Peace Catholic Church 305 W State St	35-0868045	501(C)(3)	15,000		Steeple

Madison, IN 472502830

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

Sanctuary Community Church

Greenwood, IN 46142

PO Box 1100

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 35-1779590 501(C)(3) 7.541 Preschool Grant Shiloh United Methodist

Desian

Building Issue

Jasper, IN 475468495 Southland Community Church	26-4765294	501(C)(3)	15,000	 	Architectural and Media
Church 1971 W SR 56		, ,, ,	·		

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

5800 W Smith Valley Rd Greenwood, IN 46142

St Matthew UMC 1951 Wilshire Drive Frankfort, IN 46041

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or government assistance other) 501(C)(3) 6,268 St Christopher's Episcopal 35-6007101 Size Transitions Church 1402 W Main Street Carmel, IN 460321442 St John Paul II Catholic 35-0992257 501(C)(3) 10,125 Architect Work

8.950

Building Assessment

Church 216 Schellers Ave

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

Sellersburg, IN 47172

1916 Meharry St Lafavette, IN 479041497

St Lawrence Catholic Church

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) St Mary Catholic Church 501(C)(3) 15,000 Parish Hall Revision 35-0868012

Workshop Grant

600 Saint Marys Ave Frankfort, IN 46041					l
St Michael Catholic Church- Greenfield	35-1052349	501(C)(3)	9,050		Architect

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

519 Jefferson Blvd Greenfield, IN 46140 St Michael Lutheran Church

2131 Getz Road

Fort Wayne, IN 468041625

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) St Peter's Lutheran Church 35-1793153 501(C)(3) 10,830 Building Upgrades 403 W Bridge St a Needs

Brownstown, IN 4/2201303					
The Ridge 2800 Bonnell Road Columbus,IN 47203	35-1268611	501(C)(3)	15,000		Staffing Needs Assessment
Trinity Evangelical Lutheran	43-0658188	501(C)(3)	15,000		A rchitect

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Church

250 S Indiana Ave Crown Point, IN 46307

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or government assistance other) 501(C)(3) 13,250 New Building Unity of Northwest Indiana 35-1094105 740 River Drive Hammond, IN 463243061 35-2010010 501(C)(3) 8.750 Grant for Master Plan Victory Temple Assembly of

Leadership

Development

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

God
4245 Baden Strasse
Jasper, IN 475468284
Victory Temple Missionary

Baptist Church

732 W 19th Ave Gary, IN 46404

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 35-1894480 501(C)(3) 15,000 Vineyard Community Church Capital Campaign of Greenwood 512 S Madison Avenue Greenwood IN 46142

Old Building -Accessiblity

Facilities Assessment

13,375

7,550

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

501(C)(3)

Oreenwood, IN 40142	
Wabash Avenue Presbyte	erian
Church	
307 S Wshngtn St	

123 W Hill Street Wabash, IN 46992

Crawfordsville, IN 47933

Wabash Presbyterian Church

35-0876347

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Wesley Chapel United 501(C)(3) 15,000 Capital Campaign 35-1106906

Methodist Church 2100 Highway 150					
Floyds Knobs, IN 47119					
Woodruff Place Baptist Church	35-0906498	501(C)(3)	6,130		Pastoral Search

Sunday School Teacher

training

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

1/39 E Michigan St Indianapolis, IN 46203

Zion Missionary Baptist

East Chicago, IN 46312

3939 Drummond St.

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Compensation Information

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

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

2015

OMB No 1545-0047

DLN: 93493319071286

Schedule J (Form 990)

eas	tment of the ury al Revenue Service	▶ Information about Schedule J (Fe) and its instructions is at <u>www.irs.gov/form990</u> .	pen t Insp	o Pul ectio	
Na	me of the organiz anapolis Center for (Employer identificat	ion nui	mber	
Pa	rt I Questi	ons Regarding Compensation	1	30-0001033			
	(ggp				Yes	No
La				y of the following to or for a person listed on Form de any relevant information regarding these items			
	First-clas	s or charter travel	✓	Housing allowance or residence for personal use			
	Travel for	companions		Payments for business use of personal residence			
	Tax idemr	nification and gross-up payments		Health or social club dues or initiation fees			
	Discretion	nary spending account	Γ	Personal services (e g , maid, chauffeur, chef)		 	
b	reimbursement	or provision of all of the expenses de	scribed	on follow a written policy regarding payment or above? If "No," complete Part III to explain ing or allowing expenses incurred by all	1b	Yes	
<u> </u>	_	·		rector, regarding the items checked in line 1a?	2	Yes	
3	organization's (CEO/Executive Director Check all th	at apply	used to establish the compensation of the Do not check any boxes for methods the CEO/Executive Director, but explain in Part III			
	Compensa	ation committee		Written employment contract			
	Independe	ent compensation consultant	▽	Compensation survey or study			
	√ Form 990	of other organizations	√	Approval by the board or compensation committee			
1	During the year or a related org		Part VII	, Section A , line 1a with respect to the filing organization	ו		
а	Receive a seve	rance payment or change-of-control	payment	7	4a		Νo
b	Participate in, o	or receive payment from, a supplemen	ntal nong	qualified retirement plan?	4b		No
c	Participate in, o	or receive payment from, an equity-ba	ased con	npensation arrangement?	4c		No
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide the	e applicable amounts for each item in Part III			
		, 501(c)(4), and 501(c)(29) organizat		·			
5		ted on Form 990, Part VII, Section A contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organizatio	on?			5a		Νo
b	Any related org				5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III					
5	•	ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organizatio	on?			6 a		Νo
b	Any related org	janization?			6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III					
7	•	ted on Form 990, Part VII, Section A lescribed in lines 5 and 6? If "Yes," d		, did the organization provide any non-fixed in Part III	7		No
3				ccured pursuant to a contract that was tions section 53 4958-4(a)(3)? If "Yes," describe	g		No

section 53 4958-6(c)?

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individ	ual must equal the total	l amount of Form 990,	Part VII, Section A, lin	e 1a, applicable colui	mn (D) and (E) amount	s for that individual
(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (ı) compensation	(II) Bonus & Incentive compensation	(iII) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 REV DR TIMOTHY SHAPIRO	(i)	123,023	4,500	980	14,960	77,119	220,582	0
PRESIDENT	(ii)	0	0	0	0	0	0	0
REV DR MATTHEW W 2 BOULTON	(i)	0	0	0	0	0	0	0

Page 2

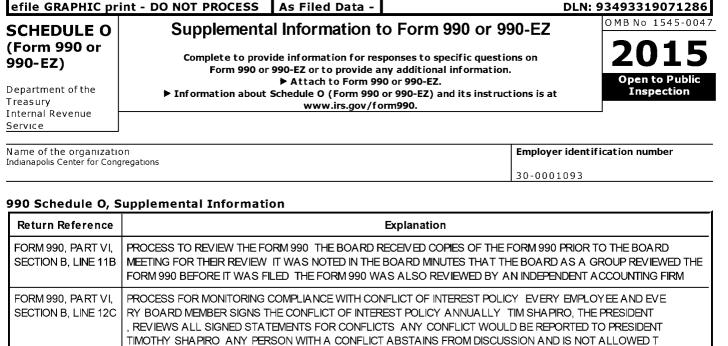
Schedule J (Form 990) 2015

DEM	ונייאן		· ·		·	·	· ·	
3 REV DR MICHAEL JINKINS PRESIDENT, LPTS	(i)	0	0	0	0	0	0	
	(ii)	112,353	0	0	19,214	65,180	196,747	

Schedule J (Form 990) 2015	Page 3
Part III Supplemental Infor	mation
Provide the information, explanation, o	or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	INFORMATION REGARDING BENEFITS PROVIDED TIM SHAPIRO AND MICHAEL JINKINS ARE ORDAINED MINISTERS IN THE PCUSA A

Schedule J (Form 990) 2015

ICLERGY



O VOTE ON THE CONFLICT ITEM (AS PER OUR POLICY)

990 Schedule O. Supplemental Information

Return

LINE 15A

LINE 19

Reference FORM 990. PART REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION. THE BOARD OF DIRECTORS CONDUCTED AN EVALUATION. VI. SECTION B. OF THE PRESIDENT AND CONTRACTED WITH A CONSULTANT TO COMPILE COMPENSATION INFORMATION FOR

Explanation

COMPARABLE ORGANIZATIONS AFTER REVIEW OF THE COMPENSATION AND EVALUATION. THE BOARD SET THE PRESIDENT'S COMPENSATION FOR THE FOLLOWING YEAR. THIS PROCESS WAS LAST UNDERTAKEN IN DECEMBER. 2015 GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFL

FORM 990, PART VI. SECTION C. ICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990. PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES RECOVERY OF PRIOR YEARS GRANTS \$62,241

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Indianapolis Center for Congregations

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Inspection **Employer identification number**

				30-00010	93			
Part I Identification of Disregarded Entities Com	plete if the organization	answered "Yes" or	n Form 990, Pa	art IV, line 33.				
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	D	(f) Direct controlling entity		
		+						
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during		_ :he organization an:	 swered "Yes" (l on Form 990, Pa	ırt IV, I	ine 34 because it	had on	e
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	ction Public charity (if section 501		(f) Direct controlling entity	Section (13) co	g) 512(b) ontrolled tity?
(1)CHRISTIAN THEOLOGICAL SEMINARY	EDUCATION	IN	501(C)3	2		NA	Yes	No No
1000 W 42ND STREET INDIANAPOLIS, IN 46208 35-1045939								
(2)LOUISVILLE PRESBYTERIAN THEOLOGICAL SEMI 1044 ALTA VISTA ROAD	EDUCATION	KY	501(C)3	1		NA	+	No
LOUISVILLE, KY 40205 61-0444768			_				+	
							_	
							+	
							+	
							-	
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		<u> </u> 35Y			Schedule R (Form	<u> </u>	015

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990,	, Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging	(k) Percentage ownership
				314)			Yes	No		Yes	No	
											<u> </u>	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(i) ction 512 (b)(13) ontrolled entity?	res No						
(h) Percentage ownership							
(g) Share of end- of-year assets							
(f) Share of total income							
(e) Type of entity (C corp, S corp, or trust)							
(d) Direct controlling entity							
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a) Name, address, and EIN of related organization							

Part V Transactions W	th Related Organizations Complete if the organization answe	red "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any	entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the or	granization engage in any of the following transactions with one or more rel	lated organizations lis	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) a	nnuities, (iii)royalties, or(iv)rent from a controlled entity				1a		No
	bution to related organization(s)				1 b		No
c Gift, grant, or capital contri	bution from related organization(s)				1 c		No
d Loans or loan guarantees t	o or for related organization(s)				1d		No
e Loans or loan guarantees b	y related organization(s)				1e		No
f Dividends from related orga	inization(s)				1f		No
g Sale of assets to related or	ganızatıon(s)				1 g		No
h Purchase of assets from re	lated organization(s)				1h		No
i Exchange of assets with rel	ated organization(s)				1i		No
j Lease of facilities, equipme	nt, or other assets to related organization(s)				1j		No
k Lease of facilities, equipme	nt, or other assets from related organization(s)				1k		No
	membership or fundraising solicitations for related organization(s)				11		No
	membership or fundraising solicitations by related organization(s)				1m		No
n Sharing of facilities, equipm	ent, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees	with related organization(s)				10		No
p Reimbursement paid to rela	ted organization(s) for expenses				1 p		No
q Reimbursement paid by rel	ated organization(s) for expenses				1q		No
r Other transfer of cash or pr	operty to related organization(s)				1r		No
•	operty from related organization(s)				1s		No
	,						
2 If the answer to any of the a	bove is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds			
ī	(a) lame of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount in	volved	

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

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

revenue) that was not a related organization. See instructions r													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section (01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_ _
				l		L				l .	l		

