DLN: 93493295015589 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 **C** Name of organization D Employer identification number B Check if applicable Indianapolis Center for Congregations ☐ Address change 30-0001093 ☐ Name change % BETH MCKEE ☐ Initial return Doing business as ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 303 NORTH ALABAMA STREET STE 100 ☐ Amended return ☐ Application pending (317) 237-7799 City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN  $\,\,$  46204 G Gross receipts \$ 23,815,617 Name and address of principal officer H(a) Is this a group return for TIM SHAPIRO □Yes ☑No subordinates? 303 N ALABAMA STREET STE 100 H(b) Are all subordinates INDIANAPOLIS, IN 46204 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW CENTERFORCONGREGATIONS ORG L Year of formation 2002 M State of legal domicile IN K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO HELP STRENGTHEN INDIANA CONGREGATIONS BY HELPING THEM FIND AND USE THE BEST RESOURCES AVAILABLE TO ADDRESS THEIR CHALLENGES AND OPPORTUNITIES Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 2 4 Number of independent voting members of the governing body (Part VI, line 1b) 25 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b 8.355 **Current Year** 8,980,000 8 Contributions and grants (Part VIII, line 1h) . . 2,819,330 9 Program service revenue (Part VIII, line 2g) . 41,236 46,637 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 813,201 751,334 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,673,767 9,777,971 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 1,757,656 2,146,723 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,306,743 2,688,068 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,895,203 2,390,931 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 6,959,602 7,225,722 2,552,249 19 Revenue less expenses Subtract line 18 from line 12 . -3,285,835 Net Assets or Fund Balances **Beginning of Current Year End of Year** 39,907,761 20 Total assets (Part X, line 16) . 41,978,594 313,182 21 Total liabilities (Part X, line 26) . 288,678 22 Net assets or fund balances Subtract line 21 from line 20 . 41,665,412 39,619,083 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-15 Signature of officer Sign Here TIM SHAPIRO PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check | If 2019-11-15 P01279475 Paid self-employed Firm's name ► BKD LLP Firm's EIN ▶ Preparer Use Only Firm's address ≥ 201 N Illinois Street Phone no (317) 383-4000 Indianapolis, IN 46204 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page <b>2</b>
Pa	Statement	of Program Service	e Accomplis	hments		
	Check If Sche	dule O contains a respo	onse or note to	any line in this Part III		🗆
1	Briefly describe the o	organization's mission				
					HE BEST RESOURCES AVAILABLE T	O ADDRESS THEIR
CHAI	LENGES AND OPPORT	UNITIES - AND THEN T	O SHARE WHAT	T WE LEARN NATIONW	IDE	
	Did the organization	undertake any significa	ent program ser	vices during the year w	which were not listed on	
_	<del>-</del>	r 990-EZ?	. •	<del>-</del> '		☐ Yes ☑ No
	'	ese new services on Sch				
3	•	cease conducting, or m		changes in how it cond	lucts, any program	
	-		_			☐ Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	le O			
4	Section 501(c)(3) an		ons are required	to report the amount	e largest program services, as meas of grants and allocations to others,	
	(0.1					
4a	(Code See Additional Data	) (Expenses \$	1,/8/,5/4	including grants of \$	) (Revenue \$	)
	See Additional Data					
4b	(Code	) (Expenses \$	1,415,242	including grants of \$	) (Revenue \$	46,637 )
	See Additional Data	/ (=\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_,, _	meraling grante or \$	, (	10,007 /
4c	(Code	) (Expenses \$	2,992,171	including grants of \$	2,146,723 ) (Revenue \$	)
	See Additional Data					
4d	Other program servi	ces (Describe in Schedi	ule O )			
	(Expenses \$	ıncl	uding grants of	\$	) (Revenue \$	)
4e	Total program serv	vice expenses ▶	6,194,9	87		
	·	·			·	Form <b>990</b> (2018)

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Par	Checklist of Required Schedules			
	r		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		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		No
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	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
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	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
	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 2	11c		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 3	11d		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 **	12a	Yes	
	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
ь	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? 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? If "Yes," complete Schedule G, Part II	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	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 example to report more than #E 000 of grants or other assistance to or for demostic individuals on Bort IV	- 1		

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 . . . . . . . . . .

Nο

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	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? <i>If "Yes," complete Schedule J</i>	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Yes	

35a

35b

36

37

38

50

0

1a

1b

Yes

Yes

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Nο

Nο

Nο

No

Part V, line 1 .

36

37

38

Part V

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

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

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

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

9a

9h

12a

13a

14a

14b

15

No

No

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10a

10b

11a

11b

12b

13b

13c

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" resp	onse to	lines 🗸
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	ı
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	1
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	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?	16b		

Section 6104 requires an organization to make its Form 1023 (or 1024-A 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

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records ▶BETH MCKEE 303 NORTH ALABAMA STREET STE 100 INDIANAPOLIS, IN 46204 (317) 237-7799

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 $\square$  Own website  $\square$  Another's website  $\square$  Upon request  $\square$  Other (explain in Schedule O)

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

policy, and financial statements available to the public during the tax year

Section C. Disclosure

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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 tax

- year List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, 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 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	than o	ne b	ox, u n of tor/t	t che unle: ficer rust	and a	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) KATHRYN PATTERSON CHAIR, BOARD OF DIRECTORS	2 0	Х		x				0	0	0
(2) REV DR BILL KINCAID PRES, CHR THEOL SEM	1 0 40 0	Х						0	166,333	40,929
(3) REVDRMICHAEL JINKINS END918 PRES,LOUISVILLE PRES THEOL SEM	1 0	х						0	101,838	84,613
(4) REV DR RICHARD HAMM INTERIM VICE PRES FOR SEM ADV	1 0 40 0	Х						0	53,583	0
(5) REV LANT DAVIS BOARD MEMBER	1 0	Х						0	0	0
(6) REV DR ALTON POLLARD PRES,LOUISVILLE PRES THEOL SEM	1 0 40 0	Х						0	69,110	7,333
(7) REV DR TIM SHAPIRO PRESIDENT	40 0			х				141,549	0	100,327
(8) SUSAN WEBER DIRECTOR OF EVALUATION	35 0 0 0					х		122,883	0	11,654
(9) WENDY MCCORMICK DIRECTOR SOUTHWEST OFFICE	35 0					х		104,239	0	11,943
										Form <b>990</b> (2018)

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Part VII Section A. Officers, Direct	ors, Trustees	, Key I	Empl	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne bo	ox, u n off or/ti	che inles icer ruste	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	101	key employee	Highest compensated employee	Former			related organizations

	_	_	-		_	
mpensated						
)ee						
al Trustee						
trustee						

					_					-		_		
1b S	Sub-Total						<b>&gt;</b>			•				
c T	otal from continuation sheets to Pa	rt VII <b>, Section</b>	Α				▶[							
d 1	otal (add lines 1b and 1c)						<b>&gt;</b>		368,671		390,864	1		256,799
2	Total number of individuals (including of reportable compensation from the o			e liste	ed a	bove	e) who	rece	eived more than	\$100	,000			
													Yes	No
3	Did the organization list any former of	officer, director	or trust	ee, k	ey e	mplo	yee, c	or hi	ghest compensa	ted er	mployee on			
	line 1a? If "Yes," complete Schedule J	for such individ	dual .	•	•	•		•				3		No

c 1	otal from continuation sheets to Part VII, Section A	368,671	390,864	1		256,799
2	Total number of individuals (including but not limited to those listed above) we of reportable compensation from the organization $\blacktriangleright$ 3	ho received more than	\$100,000			
					Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employed line 1a? <i>If "Yes," complete Schedule J for such individual</i>		' '	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation an organization and related organizations greater than \$150,000? <i>If "Yes," compundividual</i>			4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unit	_	ındıvıdual for			

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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 J 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

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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 J 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	5		No
Se	ction B. Independent Contractors			

		ا د		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 J 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	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of con	npensa	ition	

	organization and related organizations greater than \$150,000. If Tes, Complete Schedule 5 for such								
	ındıvıdual	4	Yes						
5	services rendered to the organization? If "Yes," complete Schedule J for such person								
Se	Section B. Independent Contractors								
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of corfrom the organization Report compensation for the calendar year ending with or within the organization's tax year								

	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								
Se	Section B. Independent Contractors								
1	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 organization's tax year								
	(A)	(B)		(C	:)				

	services rendered to the organization?If "Yes," complete Schedule J for such person	5	No No							
Se	Section B. Independent Contractors									
1	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 organization's tax year									
	(A) Name and business address	(B) Description of services	(C) Compensation							

Name and business address	Description of services	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 ▶ 0					

Form **990** (2018)

Part		Statement of	Revenue									ŀ	age <b>9</b>
rait	VII	Check if Schedul		a respo	onse or	note to any	/ line in th	ıs Part VIII					
		57.651.11.651.654		<u> </u>		1000 00 011)	Total re	١)	Rela ex	(B) ated or empt action	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded frection tax under see	rom ctions
	1	a Federated campaig	ns	1a					rev	renue		512 - 51	4
nts nts		<b>b</b> Membership dues		1b									
rar		c Fundraising events											
S, G Am		d Related organizatio		1c									
慧声		-		1d									
s, C		e Government grants (co		1e									
iributions, Gifts, Grants Other Similar Amounts		f All other contributions, and similar amounts n		1f		8,980,000							
bat the		above											
즐릴		g Noncash contribution in lines 1a - 1f \$	ons included										
Contributions, Gifts, Grants and Other Similar Amounts		<b>h Total.</b> Add lines 1a	-1f			. •		8,980,000					
						Business							
Service Revenue	<b>2</b> a	a WORKSHOPS AND INVI	TATIONAL GATH	HERINGS	5		611710		46,637	46,6	37		
.¥-							011710						
Ce I	t -			_									
ervi		1											
S	e	- -		_									
Program	f	· All other program se	rvice revenue	:									
ď	g	I <b>Total.</b> Add lines 2a-2	2f		<b>&gt;</b>		46,637						
		Investment income (ii			nterest	. and other	1		Τ				
	!	sımılar amounts) .				1	<u> </u>	717,47				7	17,479
		Income from investme					•		0				
	5	Royalties	(ı) Rea				<u> </u>		<u> </u>				
	62	a Gross rents	(I) Kea	1	(11)	Personal	$\dashv$						
	١	<b>b</b> Less rental expenses											
		c Rental income or		0			0						
		(loss)											
	•	d Net rental income o							0				
	72	Gross amount	(ı) Securi	ties	(1	ı) Other	$\dashv$						
		from sales of assets other	14,0	071,501									
		than inventory											
	ı	<b>b</b> Less cost or other basis and	14.0	037,646			7						
		sales expenses	17,0				_						
		c Gain or (loss) d Net gain or (loss) .		33,855			4	33,85	5				33,855
		Gross income from fi				<u> </u>	+	33,03	1				
e le	-	(not including \$		of									
æ		contributions reporte See Part IV, line 18				(							
3ev	1	<b>b</b> Less direct expense		ь		(	5						
er		c Net income or (loss)		sıng ev	ents .	• •			0				
Other Revenue	98	Gross income from g	amıng actıvıt	ıes									
0		See Part IV, line 19		а		(							
	ı	<b>b</b> Less direct expense	s	b			5						
		c Net income or (loss)			les .	· •			0				
	10	aGross sales of invent											
		returns and allowand	es	a	] [	(	,						
		<b>b</b> Less cost of goods s	sold	ь			5						
		C Net income or (loss)				. •			0				
		Miscellaneous				ness Code							
	11	la					7						
	ı	b											
	•	c											
	•	d All other revenue .							1				
	•	<b>e Total.</b> Add lines 11a	-11d			. •			0				
	12	<b>2 Total revenue.</b> See	Instructions							46 637		_	E1 224
						<u> </u>		9,777,97	<u>+ </u>	46,637		7 Form <b>990</b> (	'51,334 ( <b>2018</b> )

orm 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .	<u></u>		<u> 🗆</u>
Do not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,146,723	2,146,723		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	241,876	217,688	24,188	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7 Other salaries and wages	1,895,260	1,549,100	346,160	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	97,293	75,619	21,674	
9 Other employee benefits	380,957	296,093	84,864	
L <b>0</b> Payroll taxes	72,682	61,789	10,893	
L1 Fees for services (non-employees)				
a Management	0			
<b>b</b> Legal	35,735	28,720	7,015	
c Accounting	40,713	1,000	39,713	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	163,827		163,827	
.2 Advertising and promotion	446,067	421,253	24,814	
.3 Office expenses	260,667	131,000	129,667	
.4 Information technology	176,063	142,237	33,826	
.5 Royalties	0			
. <b>6</b> Occupancy	341,198	299,426	41,772	
L <b>7</b> Travel	261,912	197,104	64,808	
L8 Payments of travel or entertainment expenses for any federal, state, or local public officials	0		· ·	
9 Conferences, conventions, and meetings	233,289	221,327	11,962	
20 Interest	0	,	·	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	14,798	11,161	3,637	
23 Insurance	22,931	18,318	4,613	
24 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)	22,332	13,510	.,,020	
a LEADER HONORARIA	90,401	90,401		
b RESOURCE & STAFF LIBRARY	267,812	267,812		
c FIXED ASSET EXPENSE	9,474		9,474	
d EMPLOYEE SEARCH	25,488	17,660	7,828	
e All other expenses	556	556		
25 Total functional expenses. Add lines 1 through 24e	7,225,722	6,194,987	1,030,735	C
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)				

Form	1 990	(2018)					Page <b>11</b>
Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			200	1	200
	2	Savings and temporary cash investments .		[	10,876,512	2	13,959,497
Assets	3	Pledges and grants receivable, net		,	2,669,330	3	1,230,000
	4	Accounts receivable, net		[	0	4	0
	5	Loans and other receivables from current and for trustees, key employees, and highest compensar Part II of Schedule L	0	5	0		
	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	0	6	0		
	7	Notes and loans receivable, net	0	8	0		
	8	Inventories for sale or use		•	29.852	9	42.585
	9	Prepaid expenses and deferred charges		,	29,652	9	42,305
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	609,858			
	ь	b Less accumulated depreciation 10b		583,417	34,164	<b>10</b> c	26,441
	11	Investments—publicly traded securities .			26,297,703	11	26,719,871
	12	Investments—other securities See Part IV, line	11 .		0	12	0
	13	Investments—program-related See Part IV, line		0	13	0	
	14	Intangible assets	Intangible assets				
	15	Other assets See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	39,907,761	16	41,978,594
	17	Accounts payable and accrued expenses			288,678	17	313,182
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
ý	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ia E		persons Complete Part II of Schedule L $$ .			0	22	0
	23	Secured mortgages and notes payable to unrela	ited th	rd parties	0	23	0
	24	Unsecured notes and loans payable to unrelated	l thırd	parties	0	24	0
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24		s to related third parties,	0	25	0

1:	Investments—publicly traded securities .	26,297,703	11	26,719,871
12	2 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)	39,907,761	16	41,978,594
17	Accounts payable and accrued expenses	288,678	17	313,182
18	Grants payable	0	18	0

Complete Part X of Schedule D

Capital stock or trust principal, or current funds . . . . . Paid-in or capital surplus, or land, building or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.

Organizations that follow SFAS 117 (ASC 958), check here >  $\square$  and

**Total liabilities.**Add lines 17 through 25 . .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

complete lines 27 through 29, and lines 33 and 34.

26

27

28

29

30

31

32

33

34

Net Assets or Fund Balances

32 39,619,083 33 39,907,761 34

288.678

4,843,519

34,775,564

26

27

28 0

29

30

31

313.182

5,013,048

36,652,364

41,665,412

41,978,594 Form **990** (2018)

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

3a

3b

No

Form 990 (2018)

Audit Act and OMB Circular A-133?

## **Additional Data**

Software ID: Software Version:

Form 990 (2018)

Form 990, Part III, Line 4a:

SOUTHWEST INDIANA, 51 CONGREGATIONS IN SOUTHEAST INDIANA, AND 81 CONGREGATIONS IN NORTHWEST INDIANA

**EIN:** 30-0001093

Name: Indianapolis Center for Congregations

PROVIDED RESOURCE CONSULTING SERVICES TO 327 CONGREGATIONS IN CENTRAL INDIANA, 153 CONGREGATIONS IN NORTHEAST INDIANA, 71 CONGREGATIONS IN

### Form 990, Part III, Line 4b: SPONSORED 108 EDUCATIONAL EVENTS AND MEETINGS SERVING 1469 PEOPLE REPRESENTING 576 CONGREGATIONS FROM 77 FAITH GROUPS OR DENOMINATIONS

#### Form 990, Part III, Line 4c: AWARDED 187 GRANTS TO INDIANA CONGREGATIONS

Name of the o Indianapolis Cente  Part I R The organization  1 A C 2 A S 3 A F 4 A F 6 A F 7 An Sec 8 A C 9 An Nor 10 An Fro Inv 30, 11 An 12 An 12 An mo in I a Typi goog colo b Typi ma	Treasure organization ter for Congregations  Reason for Public on is not a private four church, convention or school described in organization operate of (1)(A)(iv). (Comp	Charity Status Indation because if churches, or assection 170(b)(1) tive hospital servicanization operated	sharity Status ganization is a section 4947(a)(1) nonexen Attach to Form 99 www.irs.gov/Form99  s (All organizations t is (For lines 1 through ociation of churches de )(A)(ii). (Attach Sche ce organization described in conjunction with a	on 501(c)(3) on onpt charitable to some serious complete gh 12, check onlesseribed in sectional sections.	eganization or crust. I-EZ. t information.	Employer identifications.	2018 Open to Public Inspection					
Department of the Talesternal Revenue Se Name of the on Indianapolis Center The organization 1	Reason for Public on is not a private four convention of school described in organization operated of (1)(A)(iv). (Comp	Charity Status Indation because if churches, or assection 170(b)(1) tive hospital servicanization operated	S (All organizations t is (For lines 1 throu ociation of churches do )(A)(ii). (Attach Sche ce organization described)	must complete gh 12, check onless escribed in section	t information.  t this part.) S y one box )	30-0001093 ee instructions.	Inspection					
Name of the o Indianapolis Cente  Part I R The organization  1 A C 2 A S 3 A F 4 A F 5 An (b) 6 A F 7 An sec 8 A C 9 An nor 10 An fro inv 30, 11 An 12 An mo in I a Y Tyi orgo orgo orgo orgo b Tyi ma	Reason for Public on is not a private four convention or school described in organization operated of (1)(A)(iv). (Comp	ndation because if churches, or assection 170(b)(1) tive hospital serving anization operated	t is (For lines 1 throu ociation of churches do )(A)(ii). (Attach Sche ce organization descril	gh 12, check onlescribed in <b>secti</b> edule E (Form 99	y one box )	30-0001093 ee instructions.	<u> </u>					
Part I	Reason for Public on is not a private four church, convention of school described in a cooperation of the cooperation of t	ndation because if churches, or assection 170(b)(1) tive hospital serving anization operated	t is (For lines 1 throu ociation of churches do )(A)(ii). (Attach Sche ce organization descril	gh 12, check onlescribed in <b>secti</b> edule E (Form 99	y one box )	ee instructions.						
The organization  1	con is not a private four church, convention of school described in section of the school described in section of the school described in section of the school described in organization operated (1)(A)(iv). (Comp	ndation because if churches, or assection 170(b)(1) tive hospital serving anization operated	t is (For lines 1 throu ociation of churches do )(A)(ii). (Attach Sche ce organization descril	gh 12, check onlescribed in <b>secti</b> edule E (Form 99	y one box )							
1	church, convention of school described in control of the school described in scho	f churches, or assection 170(b)(1 tive hospital servi	ociation of churches do )(A)(ii). (Attach Sche ce organization descril	edule E (Form 99		A)(i).						
2	school described in so hospital or a coopera medical research orgame, city, and state in organization operate o)(1)(A)(iv). (Comp	ection 170(b)(1 tive hospital servi	<b>)(A)(ii).</b> (Attach Sche ce organization descril	edule E (Form 99	On 170(D)(1)(	A)(I).						
3	medical research orgame, city, and state organization operate o)(1)(A)(iv). (Comp	tive hospital servi	ce organization descril	,	0 or 000 EZ\ \							
4	medical research orgame, city, and state organization operate o)(1)(A)(iv). (Comp	anization operated	-	and in caction 1	,,	ii)						
5	n organization operate  o)(1)(A)(iv). (Comp	 ed for the benefit	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									
6		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170 (b)(1)(A)(iv).</b> (Complete Part II)										
See   See		•	governmental unit des	cribed in <b>sectior</b>	170(b)(1)(A	)(v).						
9 An nor nor nor nor nor nor nor nor nor no	n organization that no ection 170(b)(1)(A)		substantial part of its Part II )	support from a g	governmental ur	nit or from the general	public described in					
10 An fro inv 30, 11 An mo in I a	community trust desc	ribed in <b>section</b>	170(b)(1)(A)(vi) (	Complete Part II	)							
fron fron fron fron fron fron fron fron			cribed in <b>170(b)(1)(</b> e instructions Enter th				ge or university or a					
11	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 See section 509(a)(2). (Complete Part III)											
mo in I  a	n organization organiz	zed and operated	exclusively to test for	public safety Se	e section 509(	a)(4).						
a	ore publicly supported	d organizations de	exclusively for the benescribed in <b>section 50</b> he type of supporting	9(a)(1) or sect	ion 509(a)(2)	. See section 509(a)						
b Type	ype I. A supporting o	rganızatıon operat ver to regularly ap	ted, supervised, or cor opoint or elect a major	ntrolled by its sup	pported organiz	ation(s), typically by g						
	ype II. A supporting	organization supe oporting organizat	rvised or controlled in tion vested in the same									
с 🔲 Ту	ype III functionally	integrated. A su	id C. ipporting organization ns) You must compl				ed with, its					
fun	inctionally integrated	The organization	. A supporting organize generally must satisfy IV, Sections A and I	a distribution re								
e 🗌 Cho	heck this box if the or	ganızatıon receive	ed a written determina	tion from the IR	S that it is a Typ	oe I, Type II, Type III	functionally					
_	e number of supporte		ntegrated supporting o	organization		2						
<b>g</b> Provide th	the following informat	ion about the sup	ported organization(s)	)								
(i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
				Yes	No							
(A) CHRISTIAN THEO	OLOGICAL SEMINARY	351045939	2	Yes		0	(					
(B) LOUISVILLE PRES THEOLOGICAL SE		610444768	1	Yes		0	(					
Total												

instructions

	Page	_
1	L70	

oport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170
(1)(A)(ix)
mplete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part
If the organization fails to qualify under the tests listed below, please complete Part III.)

	III. If the organization fai						iy under Part
_	Section A. Public Support	is to quality ut	ider the tests his	ted below, pied.	se complete rai	C 111.)	
	Calendar year		I	I			
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
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						
4	Total. Add lines 1 through 3						
4	The portion of total contributions by						
5	· · ·						
	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	<b>Public support.</b> Subtract line 5 from						
•	line 4						
S	ection B. Total Support		•	•	•		
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(a)2017	(0)2013	(6)2010	(u)2017	(e)2010	(1)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		+				
10							
	loss from the sale of capital assets						
	(Explain in Part VI ) <b>Total support.</b> Add lines 7 through						
11	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)	<u> </u>		12	
	First five years. If the Form 990 is for			ard fourth or fifth	n tay year as a sec	tion 501(c)(3) org	anization
		=				· · · · · · <u>-</u>	_
_	check this box and stop here				<u> </u>	<u>P</u> L	
	Section C. Computation of Public						
	Public support percentage for 2018 (line			column (f))		14	
	Public support percentage for 2017 Sch					15	
16a	<b>33 1/3% support test—2018.</b> If the	organızatıon dıd ı	not check the box	on line 13, and lin	ne 14 is 33 1/3% o	r more, check this	box
	and stop here. The organization qualif	ies as a publicly s	supported organiza	ation			ightharpoons
b	33 1/3% support test—2017. If the	organization did	not check a box of	on line 13 or 16a,	and line 15 is 33 i	./3% or more, chec	k this
	box and <b>stop here.</b> The organization	qualifies as a nub	alicly supported or	ganization			ightharpoons
47-	10%-facts-and-circumstances test-				ne 13 16a or 16h	and line 14	
1/2	is 10% or more, and if the organization						
	in Part VI how the organization meets t						
	J			J. garnización	-, as a publ	,	►□
	organization	2047 ****	, , ,		43.46.46.	47	
ь	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization	i meets the Tact	s-and-circumstand	es test the orga	inization qualifies	as a publicly	_
	supported organization						▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this box	cand see	

P	art IIII Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	below, please co	omplete Part II.	)	
30	Calendar year		43.50/5		412.554.7		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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 Gross receipts from activities that are						
3	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 The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c						
S	from line 6 ) ection B. Total Support						
	Calendar year			I	T		
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
13	(Explain in Part VI ) <b>Total support.</b> (Add lines 9, 10c,						
	11, and 12 )						
14	First five years. If the Form 990 is fo	r the organization	's fırst, second, tl	nird, fourth, or fift	:h tax year as a se	ction 501(c)(3) c	rganızatıon,
	check this box and stop here						▶ 🗆
Se	ection C. Computation of Public						
15	Public support percentage for 2018 (lin	ie 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ection D. Computation of Invest						
17	Investment income percentage for 201	1 <b>8</b> (line 10c, colur	mn (f) divided by	line 13, column (f	())	17	
18	Investment income percentage from 2	<b>017</b> Schedule A, <sup>1</sup>	Part III, line 17			18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s						▶ □
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	-			·		▶ □
20	Private foundation. If the organization		-				▶□
		AL GIG HOL CHECK O	. 202 011 11116 14, 1	a, or industrial	Carro Dov ariu 366		

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

No

No

No

No

No

No

No

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2018

10a

answer line 10b below

the organization had excess business holdings)

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, Yes

describe the designation If historic and continuing relationship, explain

1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 3а 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

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a

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 4b supervised by or in connection with its supported organizations 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

No 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 5a amendment to the organizing document)

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 Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

No 6 than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Yes 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 No Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," 8

complete Part I of Schedule L (Form 990 or 990-EZ) 8

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

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

	New York State Control of the Contro			aye 3			
i k	Supporting Organizations (continued)						
	The the consequence of the first control of the con		Yes	No			
	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?	11b		No			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		No			
	Section B. Type I Supporting Organizations	<u> </u>	l				
	,, <u>, , , , , , , , , , , , , , , , , ,</u>		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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization						
S	Section C. Type II Supporting Organizations		V	₿1.:			
	Wang		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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1					
_	Section D. All Type III Supporting Organizations						
	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	!					
		1					
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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3					
S	Section E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)					
	a						
	b  The organization is the parent of each of its supported organizations  Complete <b>line 3</b> below						
	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (see	. ınstru	ctions)				
2	Activities Test Answer (a) and (b) below.		Yes	No			
	a 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 <b>Part VI identify those supported organizations and explain</b> 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>b</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 <b>Part VI</b> 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.						
	<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</li> </ul>	3a					
	<ul> <li>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</li> </ul>	3h					

3b

Sched	lule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2

If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

Schedule A (Form 990 or 990-EZ)	2018 Page <b>8</b>						
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 Cırcumstances Test						
990 Schedule A, Suppleme	ntal Information						
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 S UPPORTED ORGANIZATIONS BY, AMONG OTHER THINGS, (I) GENERATING NEW KNOWLEDGE FOR THE SUPPOR TED ORGANIZATIONS PROGRAMS, AND (II) IMPLEMENTING THE POLICIES AND DIRECTIVES SET FORTH BY						

THE SUPPORTED ORGANIZATIONS IN THEIR OVERSIGHT AND GOVERNANCE CONTROL OF THE CENTER

990 Schedule A, Supplemental Information							
Return Reference	Explanation						
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 CONGREGATION S BY HELPING THEM FIND AND USE THE BEST RESOURCES AVAILABLE TO ADDRESS THEIR CENTRAL CONCE RNS AND CHALLENGES ALTHOUGH THE CENTER IS FOCUSED ON ACTIVITIES RELATING TO INDIANA CONGR EGATIONS, IT NONETHELESS ALSO FURTHERS THE SUPPORTED ORGANIZATIONS' BROADER PURPOSES RELATING TO FAITH, THEOLOGICAL EDUCATION, AND THE DEVELOPMENT OF CONGREGATIONS AND LEADERSHIP T HROUGHOUT AMERICAN SOCIETY THE CENTER AND THE SUPPORTED ORGANIZATIONS CARRY OUT THESE PUR POSES 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 WIT HINDIANA CONGREGATIONS, THE CENTER BENEFITS AND ASSISTS THE SUPPORTED ORGANIZATIONS BY, A MONG OTHER THINGS, (I) DISSEMINATING AND UTILIZING THE SUPPORTED ORGANIZATIONS' RESEARCH A ND 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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**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.

OMB No 1545-0047

DLN: 93493295015589

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

8

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenue included on Form 990, Part VIII, line 1

▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** Indianapolis Center for Congregations 30-0001093 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D

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

Par	t III	Organizations Mair	ntaining Col	lections o	f Art, H	istori	cal Tr	eası	ures, or	Other	Similar A	ssets (	'continuea	')
3		the organization's acquis (check all that apply)	ition, accessior	n, and other	records,	check a	any of	the fo	ollowing t	hat are a	significant i	use of it	s collectio	n
а		Public exhibition				d		Loan	or excha	ange prog	ırams			
b		Scholarly research				e		Othe	er					
С	$\Box$	Preservation for future g	enerations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in													
5	Part >		zation collect or	e racenia del	nations of	:	-t			athar am	ular			
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No													
Pa	rt IV	Escrow and Custod Complete if the organ X, line 21.			" on Forr	n 990	, Part	IV, I	ine 9, or	reporte	ed an amou	unt on	Form 99	O, Part
1a														
b	If "Y∈	es," explain the arrangeme	ent ın Part XIII	and comple	te the fol	lowing	table		[		A	mount		_
c	Begin	ining balance								1c				
d	Addıt	ions during the year								1d				
е	Dıstrı	butions during the year								1e				
f	Endın	ig balance							l	1f				
2a	Did th	ne organization include an	amount on Fo	rm 990, Par	t X, line 2	21, for	escrow	or cu	ustodial a	ccount lia	ability?	☐ Y	es 🗆	No
b	If "Ye	s," explain the arrangeme												
Pa	rt V	Endowment Funds	. Complete ıf											
	D			(a)Curren	t year	<b>(b)</b> Pr	rior yeai	r	(c)Two ye	ears back	(d)Three year	ars back	(e)Four y	ears back
	_	ing of year balance .												
		outions /estment earnings, gains,	and lossos					$\dashv$						
		or scholarships						-						
		expenditures for facilities	•					+						
Ĭ		ograms												
f	Admını	strative expenses						_						
g	End of	year balance												
2		de the estimated percenta	=	nt year end	balance	(line 1g	g, colur	mn (a	ı)) held a	S				
а	Board	d designated or quasi-end	owment 🟲											
b	Perm	anent endowment 🕨												
С		orarily restricted endowm												
_		percentages on lines 2a, 2		•				. 1 . 1						
3a		here endowment funds no nization by	t in the posses	sion of the o	organizati	on tnat	are ne	eid ar	na aamini	sterea ro	r tne		Ye	s No
	(i) ur	nrelated organizations .											a(i)	
		elated organizations .											a(ii)	
ь 4		es" on 3a(II), are the relate Tibe in Part XIII the intend	-					· ·				L	3b	
_	rt VI	Land, Buildings, an			T 3 CHGOW	inche i	unus							
I G		Complete if the organ			on Forr	n 990	, Part	IV, l	ıne 11a.	See Fo	rm 990, Pa	ırt X, lı	ne 10.	
	Descri	ption of property	(a) Cost or oth (Investme		(b) Cost of	or other	basis (d	other)	(c) Acc	umulated o	depreciation		(d) Book va	alue
1a	Land													
b	Buildin	gs												
С	Leaseh	old improvements		0			22	26,658			214,274			12,384
d	Equipn	nent		0			16	4,398			157,067			7,331
	Other			0				.8,802			212,076			6,726
Tota	ıl. Add	lines 1a through 1e <i>(Colu</i>	mn (d) must ed	qual Form 9	90, Part X	(, colun	nn(B)	line	10(c)).		▶			26,441

Part VII Investments—Other Securities. Complete if the ord See Form 990, Part X, line 12.	ganızatı	on answere	d "Yes" on Form 990, Part IV	, line 11b.
(a) Description of security or category (including name of security)		(b) Book value	<b>(c)</b> Method of valuati Cost or end-of-year mark	
1) Financial derivatives				
3)Other				
A)				
B)				
C)				
D)				
E)				
F)				
G)				
н)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 12 )	Þ			
The street of the organization answered 'Yes' on Form				
(a) Description of investment	<b>(b)</b> Boo	ok value	<b>(c)</b> Method of valuati Cost or end-of-year mark	
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		000 0 17	/	1 45
Part IX Other Assets. Complete if the organization answered 'Yes'  (a) Description	on Form	990, Part IV		(b) Book value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answer	· ·	· · · · s' on Form		
See Form 990, Part X, line 25.  (a) Description of liability		(b) Book		
1) Federal income taxes		(-,		
2)				
3)				
4)				
5)				
	-+			
			1	
6)				
6) 7)				
6) 7) 8)				
6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>•</b>			

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

d 2d 2e -505,920 e 3 3 9,777,971

2a

2b

2c

2a 2b

2c

2d

4a

4b

Explanation

-595.822

89.902

2e

3

4c

5

Page 4

9,272,051

7,225,722

7.225.722

Schedule D (Form 990) 2018

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

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

4b b Add lines **4a** and **4b** . . . . . . . 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . 5

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

5 9,777,971 Part XII 1 7,225,722 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . Part XIII **Supplemental Information** 

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

Add lines 2a through 2d . . . . . . . . .

Schedule D (Form 990) 2018

Part XI

b

c

c

d

3 4

b

5

Return Reference

See Additional Data Table

Schedule D (Forn	n 990) 2018	Page <b>5</b>
Part XIII	Supplemental Info	ormation (continued)
Return Reference		Explanation

Schedule D (Form 990) 2018

# **Additional Data**

Software Version: **EIN:** 30-0001093

Name: Indianapolis Center for Congregations

# Supplemental Infor

rmation	
	Evolanation

Return Reference Explanation SCHEDULE D, PART X

ASC 740 DISCLOSURE MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UN CERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Software ID:

DLN: 93493295015589 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Indianapolis Center for Congregations 30-0001093 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

(2) (3) (4)

(5)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

WITH PERSONAL ON-SITE VISITS BY OUR GRANT EVALUATOR

Schedule I (Form 990) 2018

Part III

(6) (7) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

**Explanation** PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S. AFTER EACH GRANT IS AWARDED, EACH ORGANIZATION MUST SIGN A GRANT AGREEMENT

Return Reference SCHEDULE I, PART I, LINE 2 LETTER THAT STIPULATES ALL CONDITIONS GOVERNING THE USE OF GRANT FUNDS EACH GRANTEE IS REQUIRED TO MAKE QUARTERLY REPORTS TO THEIR CASE MANAGER THIS INFORMATION IS ENTERED INTO THE CONGREGATION'S FILE AT THE END OF THE GRANT PERIOD, THEY MUST COMPLETE A FINAL GRANT REPORT WHICH INCLUDES A DESCRIPTION OF THE PROGRAM ACTIVITIES, A FINANCIAL REPORT AND EVALUATION OF RESOURCES USED MANY OF THESE ARE FOLLOWED UP

Page 2

## **Additional Data**

All Saints Catholic Church

All Saints Episcopal Church

1559 N Central Avenue Indianapolis, IN 46202

25743 State Route 1

Guilford, IN 47022

35-1813863

35-1088830

## Software ID: Software Version:

**EIN:** 30-0001093

Name: Indianapolis Center for Congregations

28,717

15,000

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

(g) Description of if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or government assistance other)

(h) Purpose of grant

INITIATIVE ENGAGING

or assistance

MAJOR GRANT

YOUNG ADULTS

Growth 10/2018

(a) Name and address of **(b)** EIN (c) IRC section (e) Amount of non-(d) Amount of cash

501(C)(3)

501(C)(3)

(f) Method of valuation

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Architecture for Building

Expansion 6/2016

All Souls Unitarian Church	35-0941103	501(C)(3)	15,000		Communications &
5805 E 56th Street					Leader Development
Indianapolis, IN 46226					10/2018

8.750

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

501(C)(3)

Allisonville Christian Church

7701 Allisonville Road

Indianapolis, IN 46250

35-1049275

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Annunciation of the Blessed 35-0871000 501(C)(3) 11.190 Campus Master Plan

Virgin Mary Church 11/2017 19 N Alabama Street Brazil, IN 47834

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

Bedford, IN 47421

Bedford Free Methodist Church 35-1329046 501(C)(3) 5.750 Architecture 12/2017 630 R Street

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance

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

501(C)(3)

Bethany Christian Church

1139 S State Rd 57

Washington, IN 47501

23-7098814

Ben Davis Christian Church 701 S High School Road Indianapolis, IN 46241	35-1012481	501(C)(3)	7,444		Leadership Development 10/2018

Intentional Growth RG

4/2018

15,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Leadership Development

8/2017

Bethlehem Healing Temple	35-1786140	501(C)(3)	30,000		MAJOR GRANT
PO Box 64792			·		INITIATIVE, ENGAGING
Gary, IN 46401					YOUNG ADULTS

15,000

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

501(C)(3)

Bethlehem Healing Temple

PO Box 64792 Gary, IN 46401

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance cipleship Training

Consultant 11/2017

Big Lake Church of God 6955 State Rd 109 N Columbia City, IN 46725	35-1506726	501(C)(3)	8,218		Disci 2/20

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

24457 Stateline Road

Lawrenceburg, IN 47025

018 Bright Christian Church 35-1433504 501(C)(3) 15,000 Communications

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Broadway United Methodist 35-0872354 501(C)(3) 15.000 Fire and Architect Church 1/2018

Church 609 E 29th Street Indianapolis, IN 46205

Brookville Road Community 35-1495177 501(C)(3) 15,000 Capital Campaign 6/2018

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

7480 W US Hwy 52 New Palestine, IN 46163

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 35-1301472 501(C)(3) 13.500 groundwater study and Calvary United Methodist Church cost-analysis 8/2018 575 W Northfield Drive

Parking Lot 2/2018

14.000

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

501(C)(3)

575 W Northfield Drive Brownsburg, IN 46112 Casa de la Manifestacion de Dios

8170 Hague Road Indianapolis, IN 46256

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 35-1507015 501(C)(3) 15.000 Center Chapel United New Construction Mothodist Church 10/2017

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

Methodist Church
8733 E 200 S
Marion, IN 46953

Greenwood, IN 46143

Center Grove Church 35-1586947 501(C)(3) 7.525 Remodeling 8/2017 2340 S State Rd 135

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

12/2017

Central Presbyterian Church
31 North 7th Street
Lafayette, IN 47901

Central Presbyterian Church
35-0896896

501(C)(3)
10,525

MAJOR GRANT
INITIATIVE, ENGAGING
YOUNG ADULTS

Space Assessment

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

31 North 7th Street

Lafayette, IN 47901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 81-3773683 501(C)(3) 6.380 Christ International Church Faith Development 4/2018

Indianapolis PO Box 24544 Indianapolis, IN 46224

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

Indianapolis, IN 46216

City of Hope 47-4296640 501(C)(3) 6.173 Community Ministry 9165 Otis Ave Suite 202 Development 9/2018

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance College Avenue United 35-0876364 501(C)(3) 8 2001 Downstring 4/2018

Congregation Education

Program 1/2018

contage / ivenae cintea	00 00,000.	00=(0)(0)	0,200		D 0 11110121119 1/ 2020
Methodist Church					_
1968 W Main Street					
Muncie, IN 47303					

6.296

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

501(C)(3)

Congregation Beth-El Zedeck

600 W 70th Street

Indianapolis, IN 46260

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance

4/2018

Cornerstone Lutheran Church 4850 E Main Street Carmel, IN 46033	35-1404519	501(C)(3)	15,000		Website Redevelopment 12/2017
County Line Church of God	35-1461572	501(C)(3)	11,029		Database System

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

7716 N County Line Rd E

Auburn, IN 46706

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Cross of Grace Lutheran 35-2119559 501(C)(3) 6.250 Youth Ministry 11/2017 Church (ELCA)

Church (ELCA)
3519 S 600 West
New Palestine, IN 46163

Crossroads Community Church 35-1073508 501(C)(3) 15,000

Architect 2/2018

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

117 E State Road 234 Ladoga, IN 47954

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance 83-0419719 501(C)(3) 15.000 New Addition 8/2017 Discover Church

Engagement 5/2018

11605 Pendleton Pike
Indianapolis, IN 46236

Ethiopian Gospel Believers 27-1074412 501(C)(3) 11,024
Church in Indianapolis
Development and

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

8610 W 10th Street

Indianapolis, IN 46234

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 35-6023391 501(C)(3) 28.399 MAJOR GRANT Evangelical Covenant Church INITIATIVE ENGAGING

of Lafayette 3600 S 9th St YOUNG ADULTS Lafavette, IN 47909

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

Bloomington, IN 47404

Fairview United Methodist 35-2135257 501(C)(3) 6.900 Living Learning Center Church 8/2018 600 W 6th Street

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance h Plant 10/2017

Youth and Young Adult

Leadership 4/2018

Faith Southern Baptist Church	35-6006799	501(C)(3)	9,276		Church
PO Box 10			·		
Clay City, IN 47841					

15,000

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

501(C)(3)

Falam Christian Church

Indianapolis, IN 46217

5225 S Meridian St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Fellowship Missionary Church 35-1543529 501(C)(3) 10.650 Security Initiative

2/2018

Fellowship Missionary Church 35-1543529 501(C)(3) 10,650 Security Initiative 12/2017 Fort Wayne, IN 46816 Solicity Church 35-1376084 501(C)(3) 15,000 Capital Campaign

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

1011 S Indiana Ave

Goshen, IN 46526

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

6/2018

First Baptist Church 209 W Washington Street Greensburg IN 47240	35-6000571	501(C)(3)	15,000		1	Capital Campaigi 8/2018

First Christian Church 35-1463144 501(C)(3) 15,000 Capital Campaign

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

4544 SR 261

Newburgh, IN 47630

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

MAJOR GRANT INITIATIVE, ENGAGING

YOUNG ADULTS

First Christian Church (DOC)	35-0876346	501(C)(3)	15,000		Future Story
205 E Kırkwood Avenue					ımplementatıon
Bloomington, IN 47408					12/2016

30,000

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

501(C)(3)

First Presbyterian Church

200 W Michigan St Lagrange, IN 46761

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

First Presbyterian Church	35-0867998	501(C)(3)	29,778		MAJOR GRANT
512 Seventh Street					INITIATIVE, ENGAGING
Columbus, IN 47201					YOUNG ADULTS

First United Methodist Church 35-0913533 501(C)(3) 5.715 Engineering and Sound 219 F 4th Street 2/2018

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

BLOOMINGTON, IN 47408

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Capital Campaign

11/2016

Fountain City Wesleyan Church 5600 US Highway 27 N	35-1148762	501(C)(3)	14,639		Church Branding Inquiry 6/2017
Richmond, IN 47375					

12,600

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

501(C)(3)

Fountaintown Christian Church

Fountaintown, IN 46130

PO Box 87

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance E04/63/33 45 000 ure 10/2018

Architect 3/2018

Freedom Community Church of	35-1/48113	501(C)(3)	15,000		Architectur
the Nazarene					
PO Box 129					
Freedom, IN 47431					

15.000

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

501(C)(3)

Freedom Worship Center

2102 N Central Ave Indianapolis, IN 46202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

lassessment 8/2018

Friendship Church 963 E Worthsville Road Greenwood, IN 46143	35-1902305	501(C)(3)	15,000		Coaching 8/2018
Grace Lutheran Church	51-0149514	501(C)(3)	8,150		New Preschool market

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

102 Buckingham Drive

Lafayette, IN 47909

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance y Management

					1	
Granger Community UMC 630 E University Dr Granger, IN 46530	31-1208191	501(C)(3)	11,217			Facility Managemer Software 6/2018

Greenwood Christian Church 35-1095331 501(C)(3) 15,000 Rebranding 5/2018

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

2045 Averitte Road Greenwood, IN 46143

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Harmony Bantist Church 35-1980156 501(0)(3) 6 0001 Master Plan 1/2018

PO Box 431 Danville, IN 46122	33 1300130	301(0)(3)	0,000		1143501 11411 1, 2010
Harvest Bible Chapel Indy	47-2888002	501(C)(3)	15,000		Building Issues 3/2018

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

South 146 S Park Blvd

Greenwood, IN 46143

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Leadership Development

1/2018

Heartland Community Church	35-1706495	501(C)(3)	29,615		MAJOR GRANT
1025 Vance Ave					INITIATIVE, ENGAGING
Fort Wayne, IN 46835					YOUNG ADULTS

13.721

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

501(C)(3)

Heather Hills Baptist Church

Indianapolis, IN 46229

1421 N German Church Road

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Historic Wayman Chapel AME 35-1887691 501(C)(3) 15.000 Building Improvements

Church 2/2018 920 North Apperson Way Kokomo, IN 46901

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

5100 Virginia Street Gary, IN 46409

House of God Church of Garv 62-0727438 501(C)(3) 15.000 Youth Ministry 2/2018

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance I I SAT E04/63/33 0 225 . . . 12/2017

					_
East Chicago, IN 46312					
PO Box 849					
Emanuel					
Iglesia De Dios Pentecostal MI	35-15/6630	[ 201(C)(3)]	9,325		MISSIONS 12

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

Seymour, IN 47274

Immanuel Lutheran Church 501(C)(3) 14,200 I Communication 35-0896898 605 S Walnut St Strategy

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance

YOUNG ADULTS

06-1777795 501(C)(3) 14.465 Resource Grant 10/2017 Indv Metro Church 401 E Michigan Street Indianapolis, IN 46204

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

1741 Fillmore St

Gary, IN 46407

Jerusalem Missionary Baptist 35-1855259 501(C)(3) 29.229 MAJOR GRANT Church INITIATIVE, ENGAGING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 35-0915462 501(C)(3) 6.500 Mission Strategy

LaPorte Presbyterian Church Development 9/2017 307 Kingsbury Avenue La Porte, IN 46350

LifeWay Bible Fellowship 80-0735763 501(C)(3) 10,335 Congregational Relocation 1/2018 PO Box 13697

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

Fort Wayne, IN 46865

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Lifted Church 47-1913951 501(C)(3) 5.500 Engineering 7/2017

715 East Main Street Richmond, IN 47374		, , , ,	·		
Light Of the World Christian Church	35-0899071	501(C)(3)	7,250		Mental Health 2/2018

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

4750 N Michigan Road Indianapolis, IN 46228

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 35-1093274 501(C)(3) 15.000 Ligonier United Methodist Capital Campaign Church 7/2018

PO Box 66 Ligonier, IN 46767

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

Indianapolis, IN 46214

Living Faith Indv 47-2555772 501(C)(3) 8.720 Architecture 4/2018 8206 Rockville Rd 203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance 35-6037899 501(C)(3) 9.000 Markle Church Of Christ Strategic Planning PO Box 609 3/2018 Markle, IN 46770

IT Migration 4/2018

7.226

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

501(C)(3)

Meridian Street United

Methodist Church 5500 N Meridian Street Indianapolis, IN 46208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance

Expository Preaching

Conferences 7/2018

Messiah Evangelical Lutheran Church	35-1108277	501(C)(3)	30,000		MAJOR GRANT INITIATIVE, ENGAGING
7211 Stellhorn Rd					YOUNG ADULTS
Fort Wayne, IN 46815					

14.979

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

501(C)(3)

Metropolitan Baptist Church

4500 Harrison Street

Gary, IN 46408

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance Monticello Christian Church 35-1417062 501(C)(3) 10.000 associate pastor search

PO Box 187
Monticello, IN 47960

Mount Calvary Lutheran 35-0886977 501(C)(3) 5,750

Strategic Planning 2/2018

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

Fort Wayne, IN 46819

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance

Youth Ministry

11/2017

Leadership Development

Mt Gilead Church	35-1598747	501(C)(3)	15,000		Blueprints 9/2018
6019 E St Road 144					
Mooresville, IN 46158					

15,000

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

501(C)(3)

Mt Zion Apostolic Church

Indianapolis, IN 46218

4900 E 38th Street

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance New Covenant Worship Center 26-1645778 501(C)(3) 7.352 Men's Ministry Event

3420 E Paulding Road Fort Wayne, IN 46816					6/2018
New Haven United Methodist Church 630 Lincoln Highway E	35-6000808	501(C)(3)	15,000		Capital Campaign 10/2017

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

New Haven, IN 46774

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Renovation

11454311, 111 10332					
1721 Vernon Street Wabash, IN 46992					,
New Journey Community Church	27-0976134	501(C)(3)	15,000		Building Re 11/2017

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

New Palestine, IN 46163

New Palestine Bible Church 26-2420298 15.000 501(C)(3) Building Expansion PO Box 502 Phase II 11/2018

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Nauth Manakastas Cost 25 1617416 E01(C)(2) 44 022 2DM 5-- 1/14- 2/2010

Analysis 5/2018

Northylew Church	31-1064174	501(C)(3)	15,000		Market Research
Brethren Church 407 N Sycamore St North Manchester, IN 46962	35-161/416	501(C)(3)	14,923		3DM for Kids 3/2018

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

12900 Hazel Dell Parkway

Carmel, IN 46033

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Old Bethel United Methodist 35-6006479 501(C)(3) 15,000 Capital Campaign

Database 1/2018

Church					2/2018
7995 E 21st St					
Indianapolis, IN 46219					
Outlook Christian Church	35-6007072	501(C)(3)	14,097		Church Accounting

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

6531 N 600 W

McCordsville, IN 46055

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance MAJOR GRANT

Development 8/2018

Park Place Church of God 35-0869033 501(C)(3) 29.346 501 College Drive Anderson, IN 46012

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

7950 N Co Rd 650 F Brownsburg, IN 46112

INITIATIVE, ENGAGING YOUNG ADULTS Parkside Bible Church 35-1151968 501(C)(3) 10.648 Lav Leadership

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Adult Resources

Pathway Community Church 1206 E Dupont Rd Fort Wayne, IN 46825	35-2154774	501(C)(3)	11,913		Young Ad 8/2017

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

1725 E 21st Ave

Gary, IN 46407

35-1547713 30.000 Peter's Rock Missionary Baptist 501(C)(3)

Church

IMAJOR GRANT INITIATIVE, ENGAGING

YOUNG ADULTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Peter's Rock Missionary Baptist 35-1547713 501(C)(3) 15.000 Lay Leadership Training

YOUNG ADULTS

Church 3/2018 1725 F 21st Ave Gary, IN 46407

Pfrimmer's Chapel United 35-6020630 501(C)(3) 16.258 MAJOR GRANT INITIATIVE, ENGAGING

Methodist Church

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

505 Pfrimmers Chapel Rd NE

Corydon, IN 47112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance Phillips Temple CME Church 35-1578468 501(C)(3) 5.281 |Congregational Renewal

210 E 34th Street 10/2017 Indianapolis, IN 46205 Pine Hills Church - Ft Wayne 20-2734494 501(C)(3) 15.000 Capital Campaign 7/2018

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

Campus 4704 Carroll Road

Fort Wayne, IN 46818

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Pine Ridge Bible Church 20-1605600 501(C)(3) 12.300 Capital Campaign 8/2017

16769 County Road 20 Goshen, IN 46528 Pleasant Dale Church of the 81-3345299 501(C)(3) 5.950 Brethren

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

Facilities 12/2017 4504 W 300 N Decatur, IN 46733

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance 35-1345150 501(C)(3) 14.850 Pleasant View Church Capital Campaign 58529 County Road 23 6/2018

Enrichment

58529 County Road 23
Goshen, IN 46528

Powerhouse Church of 46-0535725 501(C)(3) 15,000

Church DevelopmentDeliverance Church Member

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

4110 E New York St

Indianapolis, IN 46201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

MAJOR GRANT

YOUNG ADULTS

INITIATIVE, ENGAGING

Promise Lutheran Church	35-1991562	501(C)(3)	12,610		Training and
Ministries					Development 5/2018
7323 Schwartz Rd					1
Fort Wayne, IN 46835					
4					

5.802

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

501(C)(3)

Reddington Christian Church

10516 N US Highway 31

Seymour, IN 47274

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance

Leadership Transition

9/2017

Resurrection Lutheran Church	35-1644243	501(C)(3)	30,000		MAJOR GRANT
14318 Lima Rd		, , ,	, and the second		INITIATIVE, ENGAGING
Fort Wayne, IN 46818					YOUNG ADULTS

6.842

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

501(C)(3)

Resurrection Lutheran Church

445 E Stop 11 Road Indianapolis, IN 46227

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 90-0804691 501(C)(3) 15.000 Building On 1/2018 River Valley Community Church 2535 Clifty Drive Madison, IN 47250

Builder Rep and new

phase 10/2018

15.000

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

501(C)(3)

Roberts Park United Methodist

401 N Delaware Street Indianapolis, IN 46204

Church

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Feasibility Study 7/2018

Saint Joseph University Parish	35-0921706	501(C)(3)	24,565		MAJOR GRANT
113 S 5th Street					INITIATIVE, ENGAGING
Terre Haute, IN 47807					YOUNG ADULTS

7.500

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

501(C)(3)

113 S 5th Street Terre Haute, IN 47807

Saint Joseph University Parish

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Facility Expansion

1/2018

Silverwood Mennonite Church	35-6027817	501(C)(3)	26,490		MAJOR GRANT
1745 W Lincoln Ave					INITIATIVE, ENGAGING
Goshen, IN 46526					YOUNG ADULTS

15,000

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

501(C)(3)

South Union Christian Church

6510 South Rockport Road

Bloomington, IN 47403

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance E04(C)(3) 44 404 Development

4601 N Emerson Avenue Indianapolis, IN 46226	35-1141902	501(C)(3)	11,401		for Vestry 10/2017
St Christopher's Episcopal Church	35-6007101	501(C)(3)	15,000		Debt Reduction Campaign 3/2018

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

1402 W Main Street Carmel, IN 46032

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance St Francis-in-the-Fields 35-1581333 501(C)(3) 12.000 Master Planning 9/2018 Episcopal Church 1525 Mulberry Street

IELCA Youth Gathering

12/2017

13.777

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

501(C)(3)

Zionsville, IN 46077
St John Evangelical Lutheran

729 W Washington Blvd Fort Wayne, IN 46802

Church

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 35-6000683 5.028 Church Management

INITIATIVE, ENGAGING

YOUNG ADULTS

501(C)(3) St John Lutheran Church Software 2/2018 6630 Southeastern Avenue Indianapolis, IN 46203 35-0921704 501(C)(3) 13.689 MAJOR GRANT

St John The Baptist Catholic Parish

625 Frame Rd

Newburgh, IN 47630

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance 35-1272875 501(C)(3) 8.875 St John's Episcopal Church Capital Campaign PO Box 503 2/2018

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

Indianapolis, IN 46260

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance 35-0975633 501(C)(3) 20.000 St Mark's Lutheran Church IMAJOR GRANT

211 W 9th Street
Auburn, IN 46706

St Michael the Archangel
Catholic Church

35-0868028

501(C)(3)

15,000

Youth Pilgrimage to
France 4/2017

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

3354 W 30th Street Indianapolis, IN 46222

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Ch Davilla Hashad Church of 25 0070101 E01(C)(2) 10 060 MAJOR CRANT ING

St Paul's United Church of	35-08/0101	501(C)(3)	19,868		MAJOR GRANT
Christ			·		INITIATIVE, ENGAGIN
2227 W Michigan St					YOUNG ADULTS
Evansville, IN 47712					
					(

St Peter's Lutheran Church 35-1793153 501(C)(3) 15.000 Fundraising Consultant 403 W Bridge Street 6/2018

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

Brownstown, IN 47220

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Property Assessment

10/2017

St Philip Neri Catholic Church	35-0898397	501(C)(3)	14,825		Master Planning 5/2018
550 N Rural Street					
Indianapolis, IN 46201					

9.950

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

501(C)(3)

St Pius X Catholic Church

7200 Sarto Drive Indianapolis, IN 46240

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

6/2018

Sunnyside Presbyterian Church	35-0999227	501(C)(3)	30,000		MAJOR GRANT
115 S Frances Street					INITIATIVE, ENGAGING
South Bend IN 46617					YOUNG ADULTS

South Bend, IN 4001/ TOUNG ADULTS The Garden 47-5409174 501(C)(3) 15,000 Branding and Marketing

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

6185 Guilford Ave

Indianapolis, IN 46220

(c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance

(e) Amount of non-

MAJOR GRANT

YOUNG ADULTS

INITIATIVE, ENGAGING

The Good Shepherd United Methodist Church	35-1122998	501(C)(3)	7,000		Marketing and Branding  10/2018
Methodist Church					10/2018
4700 Vance Ave					
Fort Wayne, IN 46815					

29.407

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

501(C)(3)

(a) Name and address of

The Point

311 Myers Street

Sevmour, IN 47274

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance rosity 1/2018

1/2018

The Ridge 2800 Bonnell Road Columbus, IN 47203	35-1268611	501(C)(3)	15,000		Generosity 1/2018
The Sanctuary	35-1617325	501(C)(3)	15,000		Signage Resources

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

PO Box 928 Columbus, IN 47202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Marriage Ministry

10/2017

					_
The Way Church 4171 Millersville Road Indianapolis, IN 46205	38-3886708	501(C)(3)	7,996		Leadership Development 8/2018

11.129

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

501(C)(3)

Thrive Christian Church

15091 Towne Rd

Westfield, IN 46074

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 35-0874265 501(C)(3) 23.815 MAJOR GRANT Trinity United Methodist Church INITIATIVE, ENGAGING

2715 F Jackson Blvd YOUNG ADULTS Elkhart, IN 46516 Trinity United Methodist 35-0933554 501(C)(3) 15.000

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

Lafayette, IN 47901

community and Church congregations 2/2018 509 North St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 35-1585571 501(C)(3) 11.734 MAJOR GRANT Union Missionary Baptist

Church INITIATIVE, ENGAGING PO Box 707 YOUNG ADULTS Muncie, IN 47308 Wabash Church of The 35-1322423 501(C)(3) 11.000 Building Addition 6/2017

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

Nazarene

902 Manchester Avenue Wabash, IN 46992

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance

YOUNG ADULTS

Wabash Presbyterian Church 35-0870107 501(C)(3) 15.000 Fundraising Feasibility 123 W Hill Street Study 3/2018 Wabash, IN 46992

Wall Street United Methodist 35-0868035 501(C)(3) 26.421 MAJOR GRANT Church INITIATIVE, ENGAGING

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

240 Wall St

Jeffersonville, IN 47130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance /2018

INITIATIVE, ENGAGING

YOUNG ADULTS

Way City Church 427 Grand Woods Drive Indianapolis, IN 46224	82-4762333	501(C)(3)	6,007		General Inquiry 6/2
Wesley Chapel United	35-1106906	501(C)(3)	30,000		MAJOR GRANT

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

Methodist Church

2100 Highway 150

Floyds Knobs, IN 47119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance West Bridge Church 35-6065664 501(C)(3) 7.000 New Website 3/18

1521 South CR 75 W Danville, IN 46122		301(0)(0)	,,600		Then medalic s, 15
Westside Missionary Baptist Church	35-1813244	501(C)(3)	15,000		Christian Education Development 4/2018

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

6321 La Pas Trl Ste A Indianapolis, IN 46222

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance Architecture 2/2018

YOUNG ADULTS

23-7452386 501(C)(3) 15.000 White River Christian Church 1685 N 10th Street Noblesville, IN 46060

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

7320 Northcote Avenue

Hammond, IN 46324

Woodmar United Methodist 35-0988814 501(C)(3) 30,000

MAJOR GRANT Church INITIATIVE, ENGAGING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Leadership

YOUNG ADULTS

Zee a Leave a Heate d Channels of	25 4520724	E04(6)(2)	22.257		MARCE CRANE
Muncie, IN 47302					
820 S Penn Street			•		9/2018
Zion City Ministries	81-3698637	501(C)(3)	15,000		Effective Lay Lea

IMAJOR GRANT Zion Lippe United Church of 35-1530734 501(C)(3) 23,257 Christ INITIATIVE, ENGAGING

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

9000 Copperline Road E

Mount Vernon, IN 47620

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

Master Plan 4/2018

Zion Lutheran Church	35-0998501	501(C)(3)	5,125		Capital Campaign
6513 W 300 S					3/2018
New Palestine, IN 46163					

13,400

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

501(C)(3)

Zionsville Presbyterian Church

4775 W 116th St Zionsville, IN 46077

(a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 7.445 OGILVILLE CHRISTIAN 35-1547980 ENGAGING YOUNG CHURCH IADULTS MAJOR GRANT

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

7891 W 450 S COLUMBUS. IN 47201

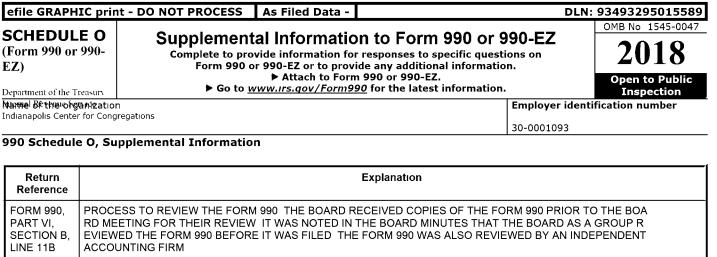
efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	9329	5015	589
Sch	nedule J	Co	ompensat	ion Information	ОМ	IB No	1545-(	0047
(For	m 990)	For certain Office		Frustees, Key Employees, and Hig ated Employees	hest	20	110	<u> </u>
		► Complete if the org	anization answ	vered "Yes" on Form 990, Part IV	, line 23.	ZU	18	•
Depar	tment of the Treasury	▶ Go to <u>www.irs.go</u>		n to Form 990. · instructions and the latest inform	mation.	pen i	to Pul	blic
	al Revenue Service				Employer identificat		ectio	
	me of the organiza anapolis Center for (				Employer Identificat	ion nu	ımber	
	Over att	ana Basandina Camana			30-0001093			
Pa	rt I Questi	ons Regarding Compensa	tion				Yes	No
1a				f the following to or for a person liste by relevant information regarding the			163	140_
	First-class	s or charter travel	$\overline{\checkmark}$	Housing allowance or residence for	personal use			
	_	companions		Payments for business use of perso				
		nification and gross-up payment	s 📙	Health or social club dues or initiati				
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chau	ffeur, chef)			
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding payn nplete Part III to explain	nent or reimbursement	<b>1</b> b	Yes	
2				or allowing expenses incurred by all	- 1-3	2	Yes	
	directors, truste	es, officers, including the CEO/E	xecutive Directo	r, regarding the items checked in line	e lar			
3	organization's C	EO/Executive Director Check al	I that apply Don	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
	Compans:	ation committee		Written employment contract				
		ent compensation consultant	<b>Z</b>	Compensation survey or study				
		of other organizations	<b></b> ✓	Approval by the board or compensa	ition committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	_	ance payment or change-of-conf	trol payment?			4a		No
ь		r receive payment from, a suppl		lified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equi	ty-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	plicable amounts for each item in Par	t III			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste		n A, line 1a, did	the organization pay or accrue any				
а	The organization	n?				5a		No
b	Any related orga					5b		No
	•	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any				
а	The organization					6a		No
b	Any related orga					6b		No
-	·	6a or 6b, describe in Part III	A. I	No. and the same of the same o	ı			
7		ed on Form 990, Part VII, Sectio escribed in lines 5 and 6? If "Yes		the organization provide any nonfixe irt III	a	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		
For F	Danerwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Form	990)	2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

instructions, on row (ii)	Do no	ot list any individuals that	ted on Schedule J, report are not listed on Form 99 dividual must equal the to	90, Part VII		_		t ındıvıdual
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation  (iii) Other  reportable  compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 REV DR BILL KINCAID PRES, CHR THEOL SEM	(i)	0	0	0	0	0	0	
	(ii)	141,146	10,900	14,287	16,633	24,296	207,262	
2 REVDRMICHAEL JINKINS	(i)	0	0	0	0	0	0	
END918 PRES,LOUISVILLE PRES THEOL SEM	(ii)	101,838	0	0	25,569	59,044	186,451	
3 REV DR TIM SHAPIRO PRESIDENT	(i)	135,045	5,000	1,504	15,874	84,453	241,876	
- NESIDENT	(ii)	0	0	0	0	0	0	

Schedule J (Form 990) 2018	Page <b>3</b>
Part III Supplemental Inform	nation
Provide the information, explanation, 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
, ,	INFORMATION REGARDING BENEFITS PROVIDED TIMOTHY SHAPIRO AND MICHAEL JINKINS ARE ORDAINED MINISTERS IN THE PCUSA A PORTION OF THEIR SALARY IS DESIGNATED AS A MINISTER'S HOUSING ALLOWANCE THIS ALLOWANCE IS NON-TAXABLE TO MEMBERS OF CLERGY SCHEDULE J, PART I, LINE 7 NONFIXED PAYMENTS TIMOTHY SHAPIRO WAS PROVIDED A BONUS DETERMINED BY THE CENTER'S BOARD IN CONJUNCTION WITH HIS ANNUAL PERFORMANCE

AND IS IN ADDITION TO ANY OTHER BASE PAY ADJUSTMENTS



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990,	PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY EVERY EMPLOYEE AND EVE
PART VI,	RY BOARD MEMBER SIGNS THE CONFLICT OF INTEREST POLICY ANNUALLY TIM SHAPIRO, THE PRESIDENT
SECTION B,	, REVIEWS ALL SIGNED STATEMENTS FOR CONFLICTS ANY CONFLICT WOULD BE REPORTED TO PRESIDENT
LINE 12C	TIMOTHY SHAPIRO ANY PERSON WITH A CONFLICT ABSTAINS FROM DISCUSSION AND IS NOT ALLOWED T
	O VOTE ON THE CONFLICT ITEM (AS PER OUR POLICY)

## Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, ATION OF THE PRESIDENT AND CONTRACTED WITH A CONSULTANT TO COMPILE COMPENSATION INFORMATION OF THE PRESIDENT AND CONTRACTED WITH A CONSULTANT TO COMPILE COMPENSATION INFORMATION OF THE PRESIDENT'S COMPENSATION AFTER REVIEW OF THE COMPENSATION AND EVALUATION, THE BOARD SET THE PRESIDENT'S COMPENSATION FOR THE FOLLOWING YEAR THIS PROCESS WAS LAST UNDERTAKEN IN NOVEMBER 2018

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFL PART VI, SECTION C, LINE 19

Return Explanation

990 Schedule O, Supplemental Information

LINE 9

FORM 990, OTHER CHANGES IN NET ASSETS OR FUND BALANCES RECOVERY OF PRIOR YEARS GRANTS \$89,902
PART XI.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

(Form 990)

Department of the Treasury

Indianapolis Center for Congregations

Internal Revenue Service Name of the organization **Related Organizations and Unrelated Partnerships** 

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

**Employer identification number** 

DLN: 93493295015589 OMB No 1545-0047

> Open to Public Inspection

							30-0	001093				
Part I Identification of Disregarded Entities Complet	e if the organi	zation answe	ered "Yes	on Form	990, Part :	IV, line 3	3.					
(a) Name, address, and EIN (ıf applicable) of disregarded entity		<b>(b)</b> Primary ac	tivity	(c) Legal domic or foreign	) cile (state country)	( <b>d)</b> Total ind	ome	(e) End-of-year as	ssets	(1 Direct co ent	ntrolling	
Part II Identification of Related Tax-Exempt Organiza related tax-exempt organizations during the tax years.		te if the orga	inization	answered '	'Yes" on F	orm 990,	Part I\	/, line 34 be	cause	it had one or	more	
(a) Name, address, and EIN of related organization	Prima	(b) iry activity	Legal dor or foreig	(c) nicile (state in country)	(d Exempt Cod	) de section		(e) charity status on 501(c)(3))	D	<b>(f)</b> Irect controlling entity	Section (13) co	<b>g)</b> 1512(l Introlle Lity?
(1)CHRISTIAN THEOLOGICAL SEMINARY 1000 W 42ND STREET	EDUCATION	l		IN	501(C)(3)		2		NA		Yes	No No
INDIANAPOLIS, IN 46208 35-1045939												
(2)LOUISVILLE PRESBYTERIAN THEOLOGICAL SEMI 1400 ALTA VISTA ROAD	EDUCATION	l		KY	501(C)(3)		1		NA			No
LOUISVILLE, KY 46205 61-0444768												_
											$\perp$	
For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.		Ca	t No 50135	5Y				Sch	edule R (Form	990) 20	018

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)	l, total incom		Disprop	h) ortionate itions?	(i) Code V-U amount in 20 of Schedule k (Form 106	oox ma pa	(j) neral or naging rtner?		itage
					314)			Yes	No	1	Ye	s No	1	
												+		
IV Identification of Related Organizated because it had one or more related or						ization ans	wered "Yes	" on Fo	orm 99	90, Part I	V, lın	e 34		_
		s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e)	wered "Yes  (f) Share of total income	Share	(g) e of end- year assets	of- Pe	V, lin (h) rcentag	e	(i) Section 5 (13) continuentity	512(b trolled y?
because it had one or more related of  (a)  Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled
because it had one or more related of  (a)  Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of  (a)  Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of  (a)  Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of  (a)  Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?

Loans or loan guarantees by related organization(s) . .

No No

No

No

No

No

No

No

No

No

No

No

No

No No

No

No

1e

1g 1h

11

1m

1n

10

**1**q

1r 1s

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

Part V Transactions With Related Organizations Complete of the organization answered "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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
h. Cift, grant, or capital contribution to related organization(c)	16		No

Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a
Gift, grant, or capital contribution to related organization(s)	<b>1</b> b
Gift, grant, or capital contribution from related organization(s)	1a 1b 1c
Loans or loan guarantees to or for related organization(s)	1d

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . . . .
 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . . . . . . . . . . . . .

(a)

Name of related organization

(b)

Transaction

type (a-s)

(c)

Amount involved

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (J) General or managing partner?		or ig ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	n 99	0) 2018

