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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)
 Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization The Indy Hub Inc	D Employer identification number 20-2984853
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 924 N Pennsylvania St	E Telephone number (317) 624-0248
		City or town, state or country, and ZIP + 4 Indianapolis, IN 46204	F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method: Cash Accrual
 Other (specify):

I Website: www.indyhub.org
H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one) — 501(c)(6) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **\$** 187,580

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (attach schedule)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe)		
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	17	Total expenses. Add lines 10 through 16		
6a	Gross revenue (not including \$ of contributions reported on line 1)				
6b	Less direct expenses other than fundraising expenses				
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	107,930	22 153,901
23 Land and buildings		23
24 Other assets (describe)	50,000	24 485
25 Total assets	157,930	25 154,386
26 Total liabilities (describe)	6,042	26 14,650
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	151,888	27 139,735

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
<p>What is the organization's primary exempt purpose? IndyHub remained focused on attracting and retaining talent to the Central Indiana region through engagement and involvement in the community</p> <p>Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title</p> <p>28 The IndyHub mission is to help Indianapolis attract and retain young professionals (YPs) 21-40 years old, and to help Indy YPs become more engaged in the community. We believe that success with this mission will mean enhanced quality of life for YPs and a greater talent pool for local employers. To do this, IndyHub hosts a variety of professional development and social events and promotes cool opportunities throughout Indianapolis. Learn more at www.indyhub.org. IndyHub was founded in June of 2005 by BioCrossroads and the City of Indianapolis. Since that time, the organization has become a national model for how to attract and retain young professionals and creative types to a community. IndyHub's 2009 Accomplishments include "Held 15 original events that provided exposure for young professionals to the civic, art and culture and philanthropic communities. Those events include Raise Your Health Care IQ, An Evening at IndyFringe, Summer Evening at the Indiana State Museum, and a collaborative Start With Art preview event with the Arts Council of Indianapolis. Attendance at events varied from 45 to 300. Our 4th Annual Get IndyVolved - showcasing (free of charge) organizations needing volunteers/new members for our membership. Over 60 organizations participated and over 300 attendees were present. "A new signature series, Career Compass for the Creative Class (C4). The four-part series kicked off in late August and ran through the early winter. Sponsored by the Indianapolis Private Industry Council and WorkOne, this series helped young professionals and creative types who were looking for a new job or wanted to advance their career opportunities by connecting them to local resources. Attendance ranged from 25 to 125 at each event. "A continuation of the Passport to the Arts program - a 5-ticket sampler package that helps subscribers explore the world of performance art in Indianapolis. Partners in this program are The Arts Council of Indianapolis, Indiana Repertory Theater, Dance Kaleidoscope, Indianapolis Opera, Indianapolis Symphony Orchestra and the Phoenix Theater. The program was sponsored by Lilly. We had 325 subscribers for the 2009/2010 Passport. "IndyHub's website continued to act as a resource for young professionals looking to find ways to the Indianapolis community. Featuring an online community calendar, links to volunteer opportunities and perspective pieces written by IndyHub volunteers, IndyHub.org is used by companies and individuals to connect the demographic to interesting events in the community. (Grants \$ 105,858) If this amount includes foreign grants, check here <input type="checkbox"/></p>	28a	105,858
<p>29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	29a	
<p>30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	30a	
<p>31 Other program services (attach schedule) <input type="checkbox"/> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	31a	
<p>32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/></p>	32	105,858

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a _____			
b Did the organization file Form 1120-POL for this year?	37b		No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>Section 501(c)(7) organizations.</i> Enter			
a Initiation fees and capital contributions included on line 9	39a	0	
b Gross receipts, included on line 9, for public use of club facilities	39b	0	
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		
c <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____			
d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____			
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41 List the states with which a copy of this return is filed <input type="checkbox"/> _____			
42a The organization's books are in care of <input type="checkbox"/> <u>The Controllership Group</u> Telephone no <input type="checkbox"/> <u>(317) 572-1227</u> 10412 Allisonville Road Suite 109 Located at <input type="checkbox"/> <u>Fishers, IN</u> ZIP + 4 <input type="checkbox"/> <u>46038</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____			
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Molly Wilkinson Chavers 20 N Meridian Suite 500 Indianapolis, IN 46204	Executive Director 45 00	78,836	0	0

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

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.

Signature of officer: ***** Date: 2010-08-10

Type or print name and title: Molly Wilkinson Chavers Executive Direc

Paid Preparer's Use Only

Preparer's signature: Tim Garnson Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: The Controllership Group Inc
10412 Allisonville Rd Ste 109
Fishers, IN 46038

Preparer's identifying number (See instructions): _____
EIN: _____
Phone no: (317) 572-1227

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:
Software Version:
EIN: 20-2984853
Name: The Indy Hub Inc

Form 990 Schedule B, Part I - Contributors (See Specific Instructions):

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	Anthem Blue Cross PO Box 68086 Cincinnati, OH 45206	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
7	Arts Council of Indianapolis 20 N Meridian Indianapolis, IN 46204	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6	Lacy Leadership Assoc 615 N Alabama Indianapolis, IN 46204	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5	Biocrossroads Initiative 300 N Meridian Indianapolis, IN 46204	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	Dow AgroSciences 9330 Zionsville Rd Indianapolis, IN 46268	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	Eli Lilly 639 S Delaware Indianapolis, IN 46225	\$ 15,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Form 990 Schedule B, Part I - Contributors (See Specific Instructions):

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<p><u>2</u></p>	<p>State Farm 3 State Farm Plaza _____ Bloomington, IL 61791 _____</p>	<p>\$ <u>5,000</u></p>	<p> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) </p>
<p><u>1</u></p>	<p>Baker Daniels 300 N Meridian _____ Indianapolis, IN 46032 _____</p>	<p>\$ <u>7,500</u></p>	<p> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) </p>

Additional Data

Software ID:
Software Version:
EIN: 20-2984853
Name: The Indy Hub Inc

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Christy Randolph 407 North Fulton Indianapolis, IN 46202	Director 0	0		
Katie Meister 120 Monument Circle Indianapolis, IN 46204	Director 0	0		
Ruchi Kaira 6536 Ferguson Street Unit D Indianapolis, IN 46220	Director 0	0		
Brian Ho 7820 Innovation Blvd Indianapolis, IN 46278	Director 0	0		
Jennifer Siminski 846 N Senate Indianapolis, IN 46202	Director 0	0		
Robyn Heine 9330 Zionsville Road Zionsville, IN 46268	Director 0	0		
Matthew Holley 1200 West Washington Indianapolis, IN 46222	Director 0	0		
Keira Amstutz 1500 N Delaware Indianapolis, IN 46202	Director 0	0		
Faraz Abbasi 3030 Market Tower Indianapolis, IN 46240	Treasurer 0	0		
Lisa Leventhal 800 E 96th Indianapolis, IN 46240	Director 0	0		
Troy Hege 300 N Meridian Suite 950 Indianapolis, IN 46204	Director 0	0		
Trevor Belden 600 E 96th Indianapolis, IN 46240	Chairman 0	0		
Molly Wilkinson Chavers 20 N Meridian Str Suite 500 Indianapolis, IN 46204	Executive Direc 40 00	78,836		

TY 2009 Other Assets Schedule

Name: The Indy Hub Inc

EIN: 20-2984853

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Prepaid Expenses and Deferred Charges		285
Pledges and Grants Receivable	50,000	
Accounts Receivable		200

TY 2009 Other Expenses Schedule**Name:** The Indy Hub Inc**EIN:** 20-2984853**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Amount
Telephone	2,519
Speaker Series	551
Service fees	417
Seminar	180
Reimbursable	54
Parking	814
Office Expenses	1,883
Meals/entertainment	1,765
Leadership Scholarships	500
Event expenses - C4	1,163
Event expenses	3,002
Dues/subscriptions	290
Depreciation	1,625
Advertising and Promotion	35,521

TY 2009 Other Liabilities Schedule

Name: The Indy Hub Inc

EIN: 20-2984853

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Wages payable	6,042	6,042
Pension withholdings		1,921
Accrued expenses		3,716
Accounts Payable and Accrued Expenses		2,971