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Form 990



Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

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

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

Central Indiana Corporate Partnership Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

111 Monument Circle No 1800

City or town, state or country, and ZIP + 4

Indianapolis, IN 462040000

D Employer identification number

35-2065459

E Telephone number

(317) 638-2103

G Gross receipts \$ 3,908,647

F Name and address of principal officer

MARK MILES

111 MONUMENT CIRCLE STE 1800

INDIANAPOLIS, IN 46204

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c) (6)

☐ (Insert no)

☐ 4947(a)(1) or

☐ 527

J Website:

www.cincorp.com

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation

1998

M State of legal domicile

IN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

The Central Indiana Corporate Partnership (CICP) is transforming our regional economy, bringing together the CEOs of Central Indiana's largest and most civically engaged employers and university presidents to advance "big picture" priorities like encouraging innovation and entrepreneurship, building a world-class workforce and creating a pro-growth business climate CICP has built a unified structure for regional economic development, leading a family of initiatives focused on Indiana's most dynamic, fast-growing industries - the life sciences, technology, advanced manufacturing and logistics, and clean technology CICP also devotes resources and human energy toward attracting new businesses to Central Indiana In addition, in 2009, the CICP Board focused on education reform, improving mass transit in Central Indiana and continuing its efforts to advocate for local government reform

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of employees (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total gross unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

51

51

53

200

0

0

Revenue			Prior Year	Current Year
			2,393,485	3,799,394
			1,434,540	103,564
			13,604	3,771
			4,122	1,918
			3,845,751	3,908,647
Expenses			188,310	208,771
				0
			2,023,217	2,595,109
				0
			1,790,220	1,632,724
			4,001,747	4,436,604
			-155,996	-527,957
Net Assets or Fund Balances			Beginning of Current Year	End of Year
			3,489,178	2,900,045
			418,138	356,962
			3,071,040	2,543,083

Part II Signature Block

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

2010-11-15

Date

MARK MILES President & CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

KSM BUSINESS SERVICES INC

Date

Check if self-employed

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no

KSM Business Services Inc

PO Box 40857

(317) 580-2000

Indianapolis, IN 462400857

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

THE CENTRAL INDIANA CORPORATE PARTNERSHIP IS A COALITION OF INDIANA CORPORATE AND UNIVERSITY LEADERS WHO SHARE A COMMON GOAL - PROMOTING LONG-TERM ECONOMIC GROWTH FOR THE REGION CICP'S MISSION IS TO TRANSFORM THE ECONOMY OF INDIANA IN ORDER TO CREATE SUSTAINABLE PROSPERITY AND QUALITY OF LIFE FOR OUR CITIZENS AND FUTURE GENERATIONS THE CICP FOUNDATION SUPPORTS THE CHARTIABLE AND EDUCATIONAL PROGRAMS AND ACTIVITIES OF CICP

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ including grants of \$) (Revenue \$)

TECHPOINT IS INDIANA'S PREMIER INITIATIVE FOR GROWING INDIANA'S THRIVING TECHNOLOGY-BASED ECONOMY TECHPOINT IS KNOWN FOR ITS ABILITY TO IDENTIFY AND EMPOWER HIGH-GROWTH INDIANA TECHNOLOGY COMPANIES THROUGH EDUCATION AND NETWORKING PROGRAMS, GOVERNMENT ADVOCACY AND STRATEGIC ECONOMIC DEVELOPMENT INITIATIVES TECHPOINT REPRESENTS INDIANA'S ENTIRE TECHNOLOGY COMMUNITY INCLUDING PUBLICLY-TRADED COMPANIES, PRIVATE BUSINESSES, COLLEGES AND RESEARCH UNIVERSITIES, AND LOCAL ECONOMIC DEVELOPMENT ORGANIZATIONS AS THE PREEMINENT VOICE FOR INDIANA'S GROWING TECHNOLOGY COMMUNITY, TECHPOINT IS LEADING A FOCUSED AND AGGRESSIVE STATEWIDE EFFORT TO HELP TRANSFORM THE STATE'S TECHNOLOGY SECTOR

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

THE INDY PARTNERSHIP PROMOTES THE INDIANAPOLIS REGION TO SITE SELECTION CONSULTANTS AND EXECUTIVES FROM GROWING AND RELOCATING BUSINESSES, COMMUNICATING THE REGION'S POSITIVE BUSINESS CLIMATE, INDUSTRY STRENGTHS AND QUALITY OF LIFE ADVANTAGES THE PARTNERSHIP ENGAGES IN AGGRESSIVE NATIONAL MARKETING EFFORTS, PERSONAL CONTRACTS AND BRIEFINGS WITH PROSPECTS AND OUTREACH THROUGH THE MEDIA TO ADVANCE ITS MISSION

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

The Energy Systems Network (ESN) is the Indiana-based cleantech initiative The ESN is a catalyst for partnerships among private firms and research institutions to bring energy breakthroughs to market, leveraging Indiana's strong manufacturing sector, R&D capabilities, and heritage of engineering advanced power systems Cleantech sub-sectors like wind and solar power, plug-in/hybrnd electric vehicles, second generation biofuels, distributed power generation, and systems integration are each projected to grow to more than \$70 billion over the next ten years, collectively accounting for a more than \$350B global market Indiana has unique strengths in all of these areas, and the ESN aims to make the state a center for energy innovation, attracting new investment and creating "green jobs" for Hoosiers

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

\$

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	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? If "Yes," complete Schedule C, Part II	4	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 	5	Yes
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	◆ 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.		
	◆ 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.		
	◆ 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.		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	◆ 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A	Yes
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
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	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	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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or 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? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a7	1cYes	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a53	2bYes	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	No
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	51	
b	Enter the number of voting members that are independent . . .	1b	51	
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 organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	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

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶IN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Peggy Boehm 111 Monument Circle Suite 1800 Indianapolis, IN 462040000 (317) 638-2103

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

• 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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form 990 (2009)

1b	Total	2,447,109	0	336,487
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

19

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		
	0		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b	1,378,000				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,421,394				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		3,799,394				
Program Service Revenue			Business Code					
	2a	PROGRAM INCOME	900,099	103,564	103,564			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		103,564				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		3,771			3,771	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
			b	Less direct expenses	b			
c	Net income or (loss) from fundraising events . .							
9a	Gross income from gaming activities See Part IV, line 19	a						
		b	Less direct expenses	b				
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances	a						
		b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS	900,099	1,918			1,918		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		1,918					
12	Total revenue. See Instructions		3,908,647	103,564	0	5,689		

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	208,771			
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	563,550			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,564,124			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	163,698			
9	Other employee benefits	168,966			
10	Payroll taxes	134,771			
11	Fees for services (non-employees)				
a	Management				
b	Legal	65,999			
c	Accounting	19,365			
d	Lobbying	8,000			
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	230,297			
12	Advertising and promotion	178,724			
13	Office expenses	19,999			
14	Information technology	50,863			
15	Royalties				
16	Occupancy	250,389			
17	Travel	63,607			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,512			
20	Interest	9			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,197			
23	Insurance	8,092			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PROJECT EXPENSE	462,248			
b	PUBLIC RELATIONS	80,974			
c	MEALS & ENTERTAINMENT	42,548			
d	PARKING EXPENSE	31,477			
e	INVESTOR DEVELOPMENT	16,273			
f	All other expenses	47,151			
25	Total functional expenses. Add lines 1 through 24f	4,436,604			
26	Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			220,504	1	461,524
	2	Savings and temporary cash investments			739,174	2	315,791
	3	Pledges and grants receivable, net			1,263,446	3	1,857,740
	4	Accounts receivable, net			988,198	4	26,684
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			63,104	9	29,966
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	518,266	214,752	10c	208,340
	b	Less accumulated depreciation	10b	309,926			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,489,178	16	2,900,045
Liabilities	17	Accounts payable and accrued expenses			281,240	17	147,001
	18	Grants payable			54,398	18	
	19	Deferred revenue			82,500	19	68,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			0	25	141,961
	26	Total liabilities. Add lines 17 through 25			418,138	26	356,962
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,789,930	27	2,543,083
	28	Temporarily restricted net assets			1,281,110	28	0
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			3,071,040	33	2,543,083
	34	Total liabilities and net assets/fund balances			3,489,178	34	2,900,045

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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 . . .		

Additional Data

Software ID:

Software Version:

EIN: 35-2065459

Name: Central Indiana Corporate Partnership Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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 related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS BASSETT DIRECTOR	1 00	X						0	0	0
DAVID BECKER DIRECTOR	1 00	X						0	0	0
DR DANIEL BRADLEY DIRECTOR	1 00	X						0	0	0
ANGELA BRALY DIRECTOR	1 00	X						0	0	0
DR MYLES BRAND DIRECTOR	1 00	X						0	0	0
STEPHEN BURNS DIRECTOR	1 00	X						0	0	0
DR FRANCE CORDOVA DIRECTOR	1 00	X						0	0	0
WILBUR DAVIS DIRECTOR	1 00	X						0	0	0
DANIEL EVANS CO-CHAIR	1 00	X		X				0	0	0
STEPHEN FERGUSON SECRETARY	1 00	X		X				0	0	0
GEORGE FLEETWOOD DIRECTOR	1 00	X						0	0	0
DAVID GADIS DIRECTOR	1 00	X						0	0	0
ANTON GEORGE DIRECTOR	1 00	X						0	0	0
RICHARD GIROMINI DIRECTOR	1 00	X						0	0	0
DR JO ANN GORA CO-CHAIR	1 00	X		X				0	0	0
MARK HILL DIRECTOR	1 00	X						0	0	0
ALLAN HUBBARD DIRECTOR	1 00	X						0	0	0
WAYNE IURILLO DIRECTOR	1 00	X						0	0	0
DR GERALD JAKUBOWSKI DIRECTOR	1 00	X						0	0	0
RICHARD JONES DIRECTOR	1 00	X						0	0	0
MICHAEL KANE DIRECTOR	1 00	X						0	0	0
CATHERINE LANGHAM DIRECTOR	1 00	X						0	0	0
JOHN LECHLEITER DIRECTOR	1 00	X						0	0	0
CAREY LYKINS DIRECTOR	1 00	X						0	0	0
WILLIAM MAYS DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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 related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR MICHAEL MCROBBIE DIRECTOR	1 00	X						0	0	0
WILLIAM MILLER DIRECTOR	1 00	X						0	0	0
ROBERT MOEDER DIRECTOR	1 00	X						0	0	0
DAYTON MOLENDORP DIRECTOR	1 00	X						0	0	0
ANN MURTLOW DIRECTOR	1 00	X						0	0	0
DENNIS OKLAK TREASURER	1 00	X		X				0	0	0
JEFFERY OWENS DIRECTOR	1 00	X						0	0	0
ROBERT PALMER DIRECTOR	1 00	X						0	0	0
JEROME PERIBERE DIRECTOR	1 00	X						0	0	0
JAMES RISK III DIRECTOR	1 00	X						0	0	0
N CLAY ROBBINS DIRECTOR	1 00	X						0	0	0
STEPHEN RUSSELL DIRECTOR	1 00	X						0	0	0
DAVID SHANE DIRECTOR	1 00	X						0	0	0
JOE SLAUGHTER DIRECTOR	1 00	X						0	0	0
JEFF SMULYAN DIRECTOR	1 00	X						0	0	0
THEODORE SOLSO DIRECTOR	1 00	X						0	0	0
JIM STANLEY DIRECTOR	1 00	X						0	0	0
STEPHEN STITLE DIRECTOR	1 00	X						0	0	0
MICHAEL TILLMANN DIRECTOR	1 00	X						0	0	0
STEVE WALKER DIRECTOR	1 00	X						0	0	0
KEN WEAVER DIRECTOR	1 00	X						0	0	0
NORMAN EGBERT DIRECTOR	1 00	X						0	0	0
ANTONIO GALINDEZ DIRECTOR	1 00	X						0	0	0
ROBERT HILLMAN DIRECTOR	1 00	X						0	0	0
JONATHAN KROEHLER DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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 related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GLENN LYON DIRECTOR	1 00	X						0	0	0
MARK D MILES PRESIDENT/CEO CICP	40 00			X				360,000	0	39,257
PEGGY MARGARET BOEHM CHIEF FINANCIAL OFFICER	30 00			X				103,550	0	19,892
DAVID JOHNSON PRESIDENT/CEO BIOCROSSRO	40 00				X			341,744	0	23,694
JAMES JAY PRESIDENT/CEO TECHPOINT	40 00				X			208,500	0	34,635
RONALD D GIFFORD PRESIDENT/CEO INDY PARTN	40 00				X			200,000	0	34,489
STEVE DWYER PRESIDENT/CEO CONEXUS IN	40 00				X			180,769	0	15,586
PAUL MITCHELL PRESIDENT/CEO ENERGY SYS	40 00				X			200,000	0	21,394
NORA DOHERTY VICE PRESIDENT/CFO BIOCR	40 00					X		166,616	0	32,241
TROY D HEGE PROJECT DIRECTOR/PRESIDE	40 00					X		183,180	0	30,625
BRIAN STEMME PROJECT DIRECTOR/PCOO BI	40 00					X		149,000	0	28,839
MATTHEW T HALL MANAGER, PROJECTS AND FI	40 00					X		143,750	0	17,839
CAROL D'AMICO SENIOR ADVISOR, CONEXUS	40 00					X		210,000	0	37,996

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROJECT EXPENSE	462,248			
PUBLIC RELATIONS	80,974			
MEALS & ENTERTAINMENT	42,548			
PARKING EXPENSE	31,477			
INVESTOR DEVELOPMENT	16,273			

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Central Indiana Corporate Partnership Inc	Employer identification number 35-2065459
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes	☐ No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	c Media advertisements?			
	d Mailings to members, legislators, or the public?			
	e Publications, or published or broadcast statements?			
	f Grants to other organizations for lobbying purposes?			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	i Other activities? If "Yes," describe in Part IV			
	j Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	No

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	1,378,000
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	8,000
b	Carryover from last year	2b	
c	Total	2c	8,000
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0
5	Taxable amount of lobbying and political expenditures (see instructions)	5	8,000

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Central Indiana Corporate Partnership Inc

Employer identification number

35-2065459

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

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 ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

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 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		158,207	59,307	98,900
d Equipment		360,059	250,619	109,440
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				208,340

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	13,908,647
2	Total expenses (Form 990, Part IX, column (A), line 25)	4,436,604
3	Excess or (deficit) for the year Subtract line 2 from line 1	-527,957
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	-527,957

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	14,213,256
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b116,842	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d187,767	
e	Add lines 2a through 2d2e	304,609
3	Subtract line 2e from line 13	3,908,647
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	3,908,647

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	14,553,446
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a116,842	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	116,842
3	Subtract line 2e from line 13	4,436,604
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	4,436,604

Part XIV Supplemental Information		
Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.		
Identifier	Return Reference	Explanation
Part XII, Line 2d - Other Adjustments		adjustment due to change FROM MODIFIED CASH BASIS TO ACCRUAL BASIS 187767

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Central Indiana Corporate Partnership Inc

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
35-2065459

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Indianapolis Economic Development (Develop Indy Inc)111 MONUMENT CIRCLE CHASE TOWER STE 1950 INDIANAPOLIS,IN 46204	263274009	501(c)(6)	191,220				ASSESSEMENT OF FUTURE SOCIAL AND ECONOMIC DEVELOPMENT IN INDIANAPOLIS
indiana sports corporation 201 S Capitol Ave Ste 1200 inDIANAPOLIS,IN 46225	310975117	501(c)(3)	15,000				Support for the Big Ten Career Fair

2

Enter total number of section 501(c)(3) and government organizations

1

3

Enter total number of other organizations

1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization Central Indiana Corporate Partnership Inc	Employer identification number 35-2065459
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
☐ First-class or charter travel		
☐ Travel for companions		
☐ Tax idemnification and gross-up payments		
☐ Discretionary spending account		
☐ Housing allowance or residence for personal use		
☐ Payments for business use of personal residence		
☐ Health or social club dues or initiation fees		
☐ Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
☒ Compensation committee		
☐ Independent compensation consultant		
☒ Form 990 of other organizations		
☐ Written employment contract		
☒ Compensation survey or study		
☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		
b Any related organization?		
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		
b Any related organization?		
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MARK D MILES	(i)	330,000	30,000	0	0	39,257	399,257	0
	(ii)	0	0	0	0	0	0	0
DAVID JOHNSON	(i)	341,744	0	0	0	23,694	365,438	0
	(ii)	0	0	0	0	0	0	0
JAMES JAY	(i)	193,500	15,000	0	0	34,635	243,135	0
	(ii)	0	0	0	0	0	0	0
RONALD D GIFFORD	(i)	200,000	0	0	0	34,489	234,489	0
	(ii)	0	0	0	0	0	0	0
STEVE DWYER	(i)	180,769	0	0	0	15,586	196,355	0
	(ii)	0	0	0	0	0	0	0
PAUL MITCHELL	(i)	200,000	0	0	0	21,394	221,394	0
	(ii)	0	0	0	0	0	0	0
NORA DOHERTY	(i)	161,616	5,000	0	0	32,241	198,857	0
	(ii)	0	0	0	0	0	0	0
TROY D HEGE	(i)	180,180	3,000	0	0	30,625	213,805	0
	(ii)	0	0	0	0	0	0	0
BRIAN STEMME	(i)	147,000	2,000	0	0	28,839	177,839	0
	(ii)	0	0	0	0	0	0	0
MATTHEW T HALL	(i)	141,750	2,000	0	0	17,839	161,589	0
	(ii)	0	0	0	0	0	0	0
CAROL D'AMICO	(i)	210,000	0	0	0	37,996	247,996	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Central Indiana Corporate Partnership Inc

Employer identification number
35-2065459

Identifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	The Energy Systems Netw ork (ESN) is the Indiana-based cleantech initiative The ESN is a catalyst for partnerships among private firms and research institutions to bring energy breakthroughs to market, leveraging Indiana's strong manufacturing sector, R&D capabilities, and heritage of engineering advanced power systems Cleantech sub-sectors like wind and solar pow er, plug-in/hybrid electric vehicles, second generation biofuels, distributed pow er generation, and systems integration are each projected to grow to more than \$70 billion over the next ten years, collectively accounting for a more than \$350B global market Indiana has unique strengths in all of these areas, and the ESN aims to make the state a center for energy innovation, attracting new investment and creating "green jobs" for Hoosiers
Form 990, Part VI, Section B, line 11		The seven-member CICIP Executive Committee will review the return before it is filed The group will have an opportunity to discuss the return at its November 2010 meeting As soon as possible after that meeting, the Form will be e-mailed to the full Board w ith an explanation regarding the required procedure, w e explain that the form has been review ed by management and the Executive Committee and w e encourage the board members to contact management w ith questions and concerns
Form 990, Part VI, Section B, line 12c		Each director, officer, and staff member annually receives a conflict of interest questionnaire through w hich he or she is asked to confirm or report the follow ing (i) that he or she has read and understands CICIP's Conflict of Interest Policy (w hich imposes upon directors, officers, and staff a continuing, affirmative duty to report any personal ow nership, interest, or relationship that mght affect his or her ability to exercise impartial, ethical, and business-based judgments in fulfilling their responsibilities to CICIP), (ii) that he or she is in compliance w ith the Policy, (iii) that he or she is reporting (w ith his or her completed questionnaire) all actual or potential conflicts of interest that arise as a result of his or her role w ith CICIP, and each position that he or she holds as a director, trustee, officer, or employee of any other nonprofit organization, and (iv) that he or she will report promptly any changes in the information reported in his or her questionnaire or in any other matters that might affect compliance w ith the Policy The Executive Assistant to the CEO collects and review s the questionnaires as they are returned, alerts the CEO to any conflicts that have been reported, and mkes sure that all w ho are required to complete a conflict questionnaire have done so When an individual reports an actual, potential, or perceived conflict of interest, CICIP follow s the procedures outlined in its Policy for disclosure of conflicts to the applicable body of decision-makers and recusal of individual(s) w ith conflicts from the decision-making process Pursuant to the Policy, the CICIP Board is responsible for the oversight of, and action regarding, all disclosures and/or failures to disclose
Form 990, Part VI, Section B, line 15		The President/CEO and CFO of CICIP are review ed by the CICIP Executive Committee The CEO's of the CICIP initiatives (BioCrossroads, Conexus Indiana, Indy Partnership, TechPoint and Energy Systems Netw ork) are review ed by their respective executive committees or designated subcommittees Each year (including 2009), each individual submits a w ritten self-assessment to the appropriate committee about one w eek before the meeting at w hich compensation w ill be addressed The committee receives from the CICIP CFO a list of comparables to the compensation of other executives in similar positions in other organizations as w ell as the compensation history for the individual At the meeting, the individual may review the self- assessment w ith the committee The individual is excused and the committee discusses performance further and then review s the list of comparables and determines any compensation adjustment to be made The Chairman of the review ing committee and one other member meet w ith the individual and review the conclusions of the group regarding performance and compensation adjustment, if any The compensation terms are reflected in the minutes of the review ing committee and distributed no later than the next meeting of the committee or 60 days after the date of the meeting at w hich the compensation is approved, w hichever is later The minutes reflect (i) the date on w hich the compensation w as approved, (ii) the members of the committee w ho w ere present and voted on the compensation terms, (iii) the comparability data that w as obtained, review ed, and relied on by the committee (and how the data w as obtained and used), and (iv) any recusal or w ithdraw al by a member of the committee w ho had a conflict of interest w ith respect to the compensation (the last point is an unlikely scenario)
Form 990, Part VI, Section C, line 19		CICIP'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 2C	COMMITTEE OVERSIGHT OF AUDIT	THE EXECUTIVE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR THERE HAS BEEN NO CHANGE FROM THE PREVIOUS YEAR
		SCHEDULE D, PART XI, LINE 10 CHANGE IN NET ASSETS The audited financial statements w ere issued on modified cash basis w hile the return is on accrual basis The change in net assets on form 990, part I, line 22 is - 527,957 The audited financial statements show a change in net assets of -340,190 the difference betw een the return and audited financial statements is the adjustment from modified cash basis to accrual -187,767
		SCHEDULE J, PART 1, LINE 3 Establishment of CEO Compensation As described elsew here in the form 990, the CICIP Executive Committee sets the CEO's compensation Also, see the Schedule O reference to form 990, part vi, section b, line 15

Identifier	Return Reference	Explanation
		SCHEDULE R, PART V, LINE 2 Sharing of facilities, equipment, mailing lists, or other assets For BioCrossroads operations, CICIP Foundation and BC Initiative, Inc share office space and equipment Costs are allocated based on employee time allocations For Conexus Indiana and Indy Partnership, CICIP Foundation and CICIP, Inc share office space Expenses are allocated based on employee time allocations For 2009, most administrative expense w as borne by CICIP, Inc

SCHEDULE R, PART V, LINE 2 Sharing of paid employees Central Indiana Corporate Partnership, Inc (CICP) is affiliated with CICP Foundation, Inc , a 501(c)(3) corporation and BC Initiative, Inc , (BCI) a for profit C Corporation CICP employs all who work for the three entities Based on information provided by the Foundation and BCI, CICP allocates salary and benefit costs to the Foundation and BCI and is regularly reimbursed for those costs From time to time CICP employees may talk to individuals and organizations who provide funding to CICP Foundation In some cases the time spent would be allocated to the Foundation and reimbursed to CICP, but this would not always occur This could happen for B C Initiative, Inc , also, in which case the time would ALWAYS be allocated to BCI and would be reimbursed to CICP SCHEDULE R, PART V, LINE 2 Reimbursement paid to other organization for expenses To the extent CICP Foundation, Inc or BC Initiative, Inc incurs expense on behalf of CICP, Inc , CICP regularly reimburses the appropriate entity Each month CICP prepares an intercompany report that details amounts owed to CICP, Inc by the Foundation, amounts owed to the Foundation by BCI and owed to CICP, Inc by BCI Reimbursements are made as soon a possible after the books are closed each month Techpoint Ventures, Inc paid a management fee to CICP, Inc SCHEDULE R, PART IV RELATED ORGANIZATION ALTHOUGH CICP OWNS 15% OF THE BC INITIATIVE STOCK, LESS THAN A MAJORITY, IT IS ABLE TO APPOINT A MAJORITY OF BC INITIATIVE'S DIRECTORS THEREFORE, BC INITIATIVE HAS BEEN INCLUDED ON SCHEDULE R AS A RELATED ORGANIZATION ON PART IV FORM 990, PART IX, LINE 7-LINE 10 COMPENSATION ARRANGEMENT Central Indiana Corporate Partnership, Inc (CICP) is affiliated with CICP Foundation, Inc , a 501(c)(3) corporation and BC Initiative, Inc , (BCI) a for profit C Corporation CICP employs all who work for the three entities Based on information provided by the Foundation and BCI, CICP allocates salary and benefit costs to the Foundation and BCI and is regularly reimbursed for those costs Administrative expenses incurred by CICP for the benefit of the other two entities also are documented and reimbursed Similarly, if either of the other two entities incurs expenses that are allocated to CICP, CICP provides reimbursement FORM 990, PART V, LINE 6 A/B SOLICITATION OF CONTRIBUTIONS Although no written disclosures were made, such omissions were not intentional and were due to reasonable cause pursuant to IRC section 6710(b), as they resulted from the organization's assumption that each solicitation was undertaken with the donor's understanding that it could not and would not deduct the requested contribution under IRC section 170(c) (although such contributions may have been deductible under other provisions such as IRC section 162 (regarding ordinary and necessary business expenses))

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K -1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
TECHPOINT VENTURES INC 111 MONUMENT CIRCLE STE 1800 inDIANAPOLIS, IN46204 26-3662235	TECHNOLOGY INITIATIVE AND PROJECT FACILATION	IN	CENTRAL INDIANA CORPORATE PARTNERSHIP	C			100 000 %
BC INITIATIVE INC 300 NORTH MERIDIAN ST STE 950 INDIANAPOLIS, IN46204 20-0882485	IDENTIFYING AND BUILDING INDIANA'S LIFE SCIENCES	IN	CENTRAL INDIANA CORPORATE PARTNERSHIP	C			14 000 %

Schedule R (Form 990) 2009

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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 (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	CICP FOUNDATION INC	M	99,373
(2)	CICP FOUNDATION INC	N	2,280,908
(3)	BC INITIATIVE INC	N	355,965
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No